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PRO BONO AGREEMENT

Basic Information

Student Name: J.D. Expected

Name: _____

Anticipated work start date (MM/DD/YY): _____

Project due date (MM/DD/YY): _____

Anticipated number of hours per week student commits to work: _____

Approximate # of pro bono hours student has committed for this project : _____

Projecttttach a

_____

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shCollege of Law students by modeling a commitment to pro bono public service and equal access to justice. Please contact Pro Bono Director Aimee Maxfield with any questions or concerns: law-probono@uidaho.edu

_____ or (208) 885-2742.

SUPERVISING ATTORNEY

Signature _____ **Date** _____

State Licensed _____ **Years in Practice** _____

Email _____

Phone _____