APPOINTMENT RESPONSE FORM

Pursuant to Section 1(c) of the Pilot P	ro Bono Program ("Program"), any attorney who has
indicated that he/she is willing to take on specif	fied pro bono representation shall return the following
form within thirty (30) days after accepting the	ne appointment. The form shall be returned to the
designated Pro Bono Liaison. THE FORM SHALL I	NOT BE FILED ELECTRONICALLY OR SENT TO ANY JUDGE
_	rm, an order of appointment will issue if representation
is accepted. If representation is not accepted, th	
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Please check all that apply:	
Representation of	_[litigant/client name] for all purposes is accepted.
Representation of	[litigant/client name] for the limited purpose
of	is accepted.
	the state of the state of
	with[litigant/client], who has
indicated agreement to representation for the pu	irposes identified herein.
Undersigned counsel has entered int	to a contingency agreement or other arrangement with
[litigant/client name].	In the event of a contingency agreement or other fee
arrangement, the undersigned acknowledges tha	t this case is not eligible for prepayment or
reimbursement of costs under the Pro Bono Prog	ram Rules.
- The state of the	
Undersigned counsel has conferred v	with [litigant/client], who has
indicated that [he/she] does not agree to represe	entation for the purposes identified herein.
	[Signature of Pro Bono Counsel]
	[print name]
	[Address]

[Contact Information] [Date]