



# United States District Court Eastern District of Washington

## Mentee Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Bar Information: \_\_\_\_\_  
*State Bar Number Year Admitted*

Admitted to U.S. District Court, Eastern District of Washington:  Yes  No

### Legal Career Information

- Would you be willing to take cases as a Mentee outside of your home city (e.g. a Richland attorney accepting a Mentee appointment in Spokane?)**  
 Yes  No  
**If yes, would there be any limitations on your assignment to cases within the Eastern District of Washington?**  
 Yes  No  
**If yes, provide explanation/limitation:**
- What is your primary area of practice?**
- Please describe your criminal defense experience, if any.**
- Please describe your criminal trial experience, if any.**
- Please describe your civil trial experience, if any.**
- Please describe any experience working with indigent clients.**

7. **Please describe any relevant training, qualifications, or skills you possess that would assist you in representing indigent clients.**
  
8. **Please describe any training you have received on the United States Sentencing Guidelines or the Bail Reform Act.**
  
9. **Please describe any experience working with e-Discovery.**
  
10. **Please describe any experience working with the United States District Court's Case Management/Electronic Filing System (CM/ECF).**
  
11. **Have you ever been subject to a Bar or other professional disciplinary action, including grievances that were ultimately dismissed or in which no professional discipline was imposed (including private discipline)? If "yes." Please provide details. Also, by signing and submitting this application, if you are accepted into the Mentorship Program, you are under a continuing duty to report any grievances or complaints filed against you with any state Bar association or any court of record.**
  
12. **Please attach two reference letters with this Application.**

I understand and will comply with the requirements established through the Criminal Justice Act Mentoring Program for the Eastern District of Washington.

Date:

Signature: \_\_\_\_\_

Name:

Bar Number:

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**SEND COMPLETED APPLICATION TO:**

**Darrel J. Gardner**  
**CJA Supervising Attorney for the Eastern District of Washington**  
**darrel\_gardner@waed.uscourts.gov**

**EMAIL ONLY - DO NOT USE REGULAR MAIL!**

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