Welcome to the CAMP Trial Attorney Mentoring Program. Through this program, you will develop a professional mentoring relationship with an experienced Colorado attorney dedicated to mentoring and co-counseling with you through a bench or jury trial. If you successfully participate in a CAMP Program, you are eligible for 15 Continuing Legal Education credits (Mentees may participate only once).

**CAMP Objectives:** The objectives of all CAMP programs can be viewed broadly as promoting pride in the profession; excellence in service; and strong relationships with the bar, clients, and the public, through teaching the core values and ideals of the legal profession and the best practices for meeting those ideals.

Please submit this form to Lauren Eisenbach, at Leisenbach@csc.state.co.us or get a registration form by visiting the CAMP Website at http://coloradomentoring.org.

**SECTION I**

**A. You:**

Name / Bar #:  
Current Employment:  
Address:  
Phone:  
Email:  

Local/Specialty Bar Association Affiliation: I am a member (or plan to be a member) of the following local or specialty bar associations:  

**B. Your Mentor:**

_____ I am seeking a mentor.  
_____ I have a mentor for this program. S/he is:  

Name / Bar #:  
Address:  
Phone: ______________________________________________

Email: ______________________________________________

Mentor status:   _____ Mentor is an appointed Mentor by the Colorado Supreme Court.
                   _____ Mentor has submitted an application for appointment as a Mentor.

SECTION II
A. You

Current position/practice area(s): ____________________________________________

Desired practice area(s) for trial: ____________________________________________

Jury Trial or Bench Trial Preference:

State or Federal Court Trial Preference:_______________________________________

What do you want to get out of this program/what are you hoping a mentor can help you with?

Do you have malpractice insurance?  Yes ___  No* ___  
*   Because I am not in private practice.

If you have malpractice insurance through your current employer, have you obtained permission from your employer to participate in this program?

☐ Yes     ☐ No

Do you currently have an active case for which you are seeking a trial attorney mentor?

☐ Yes     ☐ No

Are you willing to take on a pro bono case with your mentor?

☐ Yes     ☐ No
B. Your Mentor

What characteristics would you like in a mentor, if possible? You can identify things such as type of practice (e.g. government vs. private), legal specialty, size of firm, years in practice, geographic practice area, practice management specialties/skills, gender, age, or cultural/ethnic background.

______________________________________________________________________________

______________________________________________________________________________

SECTION III
Please read carefully the following requirements to be a Mentee and the limitations of the Program:

1. The following may participate as mentees:
   a. Licensed, active Colorado lawyers, who are either practicing or intending to practice law in Colorado.
   b. Lawyers currently covered by a malpractice insurance policy, or able to obtain a malpractice insurance policy within 14 business days of acceptance into this program.
   c. A lawyer serving as a judicial law clerk is precluded from participating in this program. Judicial law clerks may participate in traditional CAMP mentoring and re-apply for this program upon the completion of their clerkship.
   d. Lawyers currently employed by a private firm (not owned by the individual lawyer) or government entity must obtain written permission from that entity to participate in this program.

2. A Mentee may participate in the Colorado Trial Attorney Mentoring Program only once.

3. To obtain 15 CLE credits (including 2 ethics credits), Mentors and Mentees must successfully complete this program, which requires a minimum commitment of 20 hours of work toward the completion of a bench or jury trial.

4. You must agree to follow all policies and procedures outlined in the “Trial Attorney Mentoring Program Manual” and to execute all required releases and agreements outlined in the manual and as may be required by CAMP, your employer, your mentor and his/her employer, the client, and any third-party litigant.

______ (please initial) I certify that I have read the foregoing requirements and limitations; I agree to and understand their terms, and I qualify to be a Mentee in the Colorado Trial Attorney Mentoring Program.

________________________________
Signature

________________________________
Date