

**WILLIAM S. BOYD SCHOOL OF LAW  
THOMAS & MACK LEGAL CLINIC**

**VERY IMPORTANT NOTES**

*Please read the Spring 2010 Clinic Information Letter carefully!*

**This application is due in the Clinic by 12 p.m., Wednesday, October 28, 2009.**

**APPLICATION – SPRING 2010**

(Please type or print **very** legibly. Enter **all** information requested!)

Legal Name (F,MI,L): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phones - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Law School Credits as of December 2009: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

1. Please indicate the clinic(s) in which you wish to enroll. If you are interested in more than one clinic, please rank your preferences as 1, 2, and 3.

**RANK**

Education Advocacy \_\_\_\_\_

Family Justice \_\_\_\_\_

Immigration \_\_\_\_\_

(For students applying to the Immigration Clinic, preference will be given to students who have taken or are concurrently enrolled in Immigration Law.)

Juvenile Justice \_\_\_\_\_

Mediation \_\_\_\_\_

3. List the elective courses you have taken in law school through December 2009.


4. List your law or law-related employment including externship placements.

Employment	Dates	Supervisor's Name & Telephone Number

5. Will you be employed during the Spring 2010 semester?

\_\_\_\_\_ Yes, in a law office.

\_\_\_\_\_ Yes, other than a law office.

\_\_\_\_\_ No, I do not plan to be employed.

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Hours/Week \_\_\_\_\_ Specific Days or Times \_\_\_\_\_

Check this box if you are employed by the Clark County School District.

6. List any non-law related experience (paid or volunteer) you believe may be relevant to work in the clinic.

Who/Where	When	Type of Work

7. Please provide the names of two law school professors who are willing to serve as references for you.

\_\_\_\_\_

8. Are you fluent or literate in any language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer YES, what language(s)? \_\_\_\_\_

9. Have you taken the Nevada Bar Examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer YES, what was the result? \_\_\_\_\_ Pass \_\_\_\_\_ Fail

**IF YOU ANSWER YES TO ANY OF QUESTIONS 10-15, PLEASE EXPLAIN ON A SEPARATE PAGE.  
(These are the types of questions you will be asked in your Bar application.)**

10. Have you ever been, **or are you now subject to being**, dropped, suspended, expelled, disciplined or placed on probation by any school or college for any cause whatever, including scholastic deficiency? Academic probation in law school requires you to answer “yes” to this question.

Yes

No

11. Have you ever been accused of or charged with fraud, perjury, misrepresentation, or false swearing in a judicial or administrative proceeding?

Yes

No

12. Have you ever been convicted of a crime or do you now have criminal charges pending against you?

Yes

No

13. As a member of any profession or occupation, or as a holder of any office or license:

▶ Have you ever been suspended or otherwise disqualified, or had a license suspended or revoked, or have you resigned in lieu of any such action?

Yes

No

▶ Have you ever been reprimanded, censured, or otherwise disciplined?

Yes

No

- ▶ Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you?

Yes  No

- ▶ Have you ever been involved as a party, directly or indirectly, in any disciplinary proceedings, formal or informal?

Yes  No

14. Have you ever had any civil or criminal allegations of sexual misconduct, domestic violence, or abuse or neglect lodged against you?

Yes  No

15. Have you ever been a foster parent or adopted a foster child?

Yes  No

16. Are you a Full-Time or Part-Time student?  Full  Part

17. Are you a Day or Night student?  Day  Night

### **Additional Documentation Required:**

1. Please attach a **typed statement of up to two pages, double-spaced, explaining why you want to participate in a law school clinic.** Be specific about your clinic preferences, career and educational goals, and suitability for clinic under the clinic selection criteria.
2. Please attach a copy of **your current resume.**
3. Please attach a **copy of your law school transcript.**

## APPLICANT'S CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT. I UNDERSTAND THAT IF SUBSEQUENT EVIDENCE DEMONSTRATES THAT THE INFORMATION IS NOT COMPLETE AND CORRECT, I MAY RECEIVE DISCIPLINARY SANCTIONS AND BE REMOVED FROM THE LEGAL CLINIC. I UNDERSTAND THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND ADHERING TO THE NEVADA SUPREME COURT RULES OF PROFESSIONAL CONDUCT AND ALL UNIVERSITY AND LAW SCHOOL ACADEMIC REGULATIONS.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please contact the professor who will be teaching the clinic(s) in which you are interested.

### Notes:

- 1. You may not enroll in both a clinic course and an externship in the same semester.**
- 2. Non-Mediation Clinic students will need to pay a \$30 fee at the beginning of the Spring Semester.**