



NEW YORK STATE BAR ASSOCIATION

One Elk Street, Albany, New York 12207 • PH 518.463.3200 • www.nysba.org

Mentorship Request Form

I am a member in good standing of the Section and have been in the practice of elder law and special needs planning for 5 years or fewer.

Name:	
Law firm, agency or organization and size of practice:	
Address (include County):	
Phone number:	
E-mail:	
College and Law Schools attended with years of graduation:	
Description of practice specialties within Elder Law and Special Needs	
Personal information/ outside interests	
Section Committees in which you are active or joining?	
Section Meetings attended since 2016	
ELDER LAW AND SPECIAL NEEDS section meeting you plan to attend in 2020-2021	<input type="checkbox"/> Annual Program (Jan 2020) <input type="checkbox"/> UnProgram (April 2020) <input type="checkbox"/> Summer (July 2020) <input type="checkbox"/> Fall (October 2020) <input type="checkbox"/> Annual Program (Jan 2021)
Are you interested in Joining a Study Group?	

*** If you are admitted to practice law more than 5 years, please include a written explanation as to your qualifications to be a mentee.*

Please return this form by **March 30, 2020** to JulieAnn Calareso (Julie@shevylaw.com)

Any requests received after this date cannot be guaranteed a mentor.