



FAMILY LAW CLINIC
SEMESTER/YEAR _____ / _____

Date: _____

Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Year: _____ 2 _____ 3 _____ 4 Division: _____ FTD _____ PTD _____ PTE

Semesters completed _____ and credits earned _____ as of _____

List choices (1 {highest} to 4 {lowest}) in order of preference:

- _____ Civil Practice Clinic
_____ Criminal Law Clinic
_____ Family Law Clinic
_____ International Human Rights Clinic
_____ Not-for-Profit Corporation Law Clinic
_____ Civil Rights Litigation Clinic
_____ Elder Law Clinic
_____ Judicial Clerkship Clinic
_____ Nassau/Suffolk Law Services Rotation
_____ U.S. Attorney's Office Rotation

Have you completed Family Law? ___Yes ___No

Are you currently enrolled in Family Law or planning to take it this summer? ___Yes ___No

Attach a separate sheet with your answers to the following six questions.

- 1. Why do you want to be in a clinic/rotation?
2. Why do you want to be in this clinic/rotation?
3. Describe your work experience, whether or not law-related or for pay.
4. List the courses you are taking in the current semester.
5. List the courses you will be taking during the semester if you are able to participate in this clinic.
6. Have you ever been convicted of a crime, been a defendant in a criminal proceeding, or is there some other circumstance in your background which, in candor, should be disclosed, because it might cause difficulty or embarrassment to the office with which you are placed, if the information were to come to light? Please explain in detail. These facts will not necessarily disqualify you, but we must be able to evaluate them and consult with your placement supervisor, if appropriate.

Please answer the questions above and return the completed forms in an envelope, along with all supporting documents, to the Clinic Office, Room 202.

I authorize the release of my law school transcript to the Director of Clinical Education and to the faculty member teaching this course.

Signed _____

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SUPPLEMENTARY CERTIFICATION

Please read and initial each item.

- ____1. I understand that successful completion of *Family Law* is a prerequisite for the clinic. That means that, by the time I enroll, I will have already completed the course. ***If not, then do not apply for this clinic.***
- ____2. I understand that I will have to participate in the Domestic Violence Project in Suffolk County Family Court at Central Islip on the same day each week from 9:00 a.m. to 5:00 p.m. I understand that this requirement supersedes jobs, personal problems, interviews, transportation problems, etc.
- ____3. I understand that I will have to spend ten hours each week in the clinic office working on my cases. I also understand that at least seven of the ten hours must be before 6:00 p.m. and at least two blocks of a minimum of three hours each.
- ____4. I understand that I must have one additional morning (until 1:00 p.m.) available in case I need to go to court on child support proceedings.
- ____5. I understand that to arrange available court time I may be required to take one or more evening division sections of a course instead of a day section.