INNOCENCE PROJECT OF IOWA
Interest Form for Volunteer Attorneys

The Innocence Project of Iowa seeks attorneys to assist in its mission of preventing and remedying wrongful convictions. Criminal appeal or postconviction experience is helpful but not required. Submission of this form is only an indication of your interest in volunteering with the Innocence Project of Iowa. Submitting this form is not a commitment to volunteer.

Contact Information

Attorney's full name: _____

Firm, office, or practice name: _____

Address: _____

City, state, and zip code: _____

Primary phone no.: _____ Secondary phone no.: _____

Fax number: _____ E-mail address: _____

Education Information

Undergraduate institution: _____ Major: _____ Year: _____

Law school: _____ Year: _____

Other graduate school: _____ Degree: _____ Year: _____

Practice Information

States admitted and year of admission: _____

Federal districts admitted and year: _____

Primary counties/courts in which you practice: _____

Please rate your level of experience in each of these categories (1 = lowest; 5 = highest)

      Civil litigation 1 2 3 4 5   Criminal trials 1 2 3 4 5

      State criminal appeals 1 2 3 4 5   PCR/PCR appeals 1 2 3 4 5

      Federal habeas/appeals 1 2 3 4 5

<u>Volunteer Interest</u>

Please explain your interest in volunteering with the Innocence Project of Iowa:

_____

_____

_____

_____

Please place an "x" by the types of volunteer work you would consider:

_____ Serving as lead attorney

_____ Provide assistance in a case but prefer not to serve as lead attorney

_____ Assisting in non-case-specific activities such as lobbying and fundraising

Is there any additional information you would like us to know about you?

_____

_____

_____

_____

Do you have any questions you would like us to answer?

_____

_____

Please review and initial the following statements:

_____ I understand that I must carry professional liability insurance to serve as a volunteer attorney through the Innocence Project of Iowa.

_____ I understand that I would be offering my services on a pro bono basis.

Signature: _____ Date: _____

Please return this completed form to:

     Innocence Project of Iowa
     Attn: Volunteer Coordinator
     P.O. Box 93
     Estherville, Iowa 51334