**I’Anson-Hoffman Inn of Court**

**Mentorship Preferences Form**

|  |  |
| --- | --- |
| **Your Name** |  |
| **Your Email** |  |
| **Your Work Address**(If a student, please includeboth home and schoolmailing addresses) |  |

 [ ]  I am unable to commit to a mentoring relationship this year;

OR

 [ ]  I would like to be paired with a colleague. Please consider the following in making the assignment:

|  |  |
| --- | --- |
|  LOCATION: |  |
| PRACTICE AREAS: |  |
| YEARS IN PRACTICE: |  |
| OTHER RELEVANT FACTORS: |  |