

**ARIZONA COURT OF APPEALS PRO BONO PROJECT**

\_\_\_\_\_ Yes, I am interested in participating in the pro bono representation program of the Arizona Court of Appeals.

\_\_\_\_\_ (If you are an attorney in the first five years of practice) Yes, I have supervision or assistance available to me from a more senior lawyer who has previously appeared in the Court of Appeals.

NAME AND ADDRESS OF ATTORNEY AND FIRM

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TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SEND THIS FORM TO:**

Andrew M. Jacobs, Esq.  
Snell & Wilmer, L.L.P.  
One South Church Avenue, Suite 1500  
Tucson, Arizona 85701-1630  
(520) 882-1207  
Email: [ajacobs@swlaw.com](mailto:ajacobs@swlaw.com)