

## NSU Law Incubator Program

### Legal Incubator Program Application

#### Mission

Provide resources for recent law school graduates to attain legal and business skills enabling them to launch a solo or small firm practice while expanding legal services for the veteran and modest income community.

#### NSU Shepard Broad College Of Law Will Provide:



##### **Training**

Practical  
Skills  
Law Practice  
Management



##### **Shared Office Space**



##### **Mentoring**



##### **Networking**

#### Participants Must:

- be open to collaboration and learning from varied resources – e.g., workshops, trainings, invited speakers, alumni mentors, peers, clients, other professionals from the legal profession, and the community.
- be legally qualified to practice law in the United States.
- be a member of the Florida Bar in good standing and in good standing in all jurisdictions where licensed.
- be willing to commit a full year of program participation.
- be a NSU Shepard Broad College of Law graduate who passed the bar within the past three years or completed service in the public sector or military service in the past three years.
- carry professional malpractice insurance in an appropriate amount at all times as a participant in the program.
- be able to sustain themselves without engaging in outside work more than 20 hours weekly during the program.

## **PART A. General Information**

<b>First Name</b>	<b>Last Name</b>
<b>NSU Law Graduation Year</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>E-Mail</b>	
<b>Cell Phone</b>	
<b>Are you a citizen of the United States? Yes_____ No_____</b>	
<b>If no, do you have a permanent visa to work in the United States? Yes_____ No_____</b>	

## **PART B. Professional License Information**

<b>Florida Bar Admission Date</b>
<b>Florida Bar Number</b>
<b>Other Bar Admission Date</b>
<b>Other Bar Admission Number</b>

## **PART C. Checklist of Required Attachments**

The following documents must be attached with this application:

1. A current resume.
2. NSU Law school transcript.
3. Three professional references with contact information.
4. Personal Statement (up to 3 pages, double-spaced, Times New Roman font) indicating:
  - a. What your choice area of legal practice is.
  - b. Why you want to be a solo- or small-firm practitioner. If applicable, discuss how a former work experience in the legal profession [either through an externship, internship, legal clinic or work experience] influenced your decision to start your own practice.
  - c. Why you are interested in serving veterans and underrepresented, low- and moderate-income members of the community (including providing pro bono and “low bono” representation) and why are you interested in doing so in an incubator/solo practitioner setting.
  - d. What classes or programs you participated in during law school that will assist you in your solo firm.
  - e. If there was only one slot left to fill in the program, why you should be selected to fill it and participate in this program?

## **PART D. Terms of Agreement**

Please initial each statement below indicating your agreement:

\_\_\_\_\_ I understand that eligibility to enter or continue in the incubator program requires that I continue to be a member of the Florida State Bar in good standing. I agree to notify the director(s) immediately of any change in my status or of any disciplinary actions taken against me by the Florida or any State Bar.

\_\_\_\_\_ Once program participation commences, I agree to carry at all times while I am part of the incubator program malpractice insurance in an amount of at least \$100,000/\$300,000, and to pay for any tail coverage if the policy is a claims-reported policy.

\_\_\_\_\_ I expect to provide at least 100 hours of pro bono work (including training to prepare for said pro bono work) during my participation in the incubator program, in lieu of rent and payment for training and support services.

\_\_\_\_\_ I understand that I am creating my own law firm, that I am not an employee of the incubator program, and that I am not guaranteed any payments. I will be responsible for developing my client-base and understand that the incubator program cannot guarantee business.

\_\_\_\_\_ If I am selected as a participant in the incubator program, I agree to abide by and remain compliant with all the rules governing the program which includes paying a monthly fee for office space and participating in the trainings and evaluation of the program.

\_\_\_\_\_ All statements in this application and accompanying attachments are true to the best of my knowledge. I understand that any material misstatements herein may subject me to immediate termination from the program should I be selected.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Please submit the entire completed application with supporting information by 5:00 pm, October 20, 2017 to: [jcassidy1@nova.edu](mailto:jcassidy1@nova.edu).