

**NSU Law Launchpad Application**

An in-residence program to create and grow new law firms for recent graduates.

**Mission:**

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

**NSU Shepard Broad College of Law Will Provide:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training**Practical SkillsLaw Practice Management | **Shared Office Space** | **Mentoring** | **Networking** |

**Program Specifications:**

* NSU Law graduate admitted to practice
* Admission to the Florida Bar and member in good standing
* Proof of professional liability insurance during program participation
* Independent financial support from non-program sources
* Tailored individual transition plans for each attorney

**General Information:**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NSU Law Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, do you have a permanent visa to work in the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional License Information:**

Florida Bar Admission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Florida Bar Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Bar Admission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Bar Admission Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Attachments:**

Please attach the following documents to this application:

* A current résumé
* Two professional references with contact information
* One page personal statement indicating your short-term and long-term career goals as well as how this program can assist you in meeting those goals. Please also identify your preferred practice area and why you want to be a solo or small firm practitioner. If applicable, discuss how a former work experience in the legal profession, through either an externship, internship, legal clinic or work experience, influenced your decision to start your own practice.

**Terms of Application:**

I must be a member of the Florida Bar in good standing at all times while being considered for, and participating in, the program. 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.

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

I understand that I am expected to work on growing and improving my business by actively using the program resources and participating in recommended training and professional development. I understand that I will develop a business plan, an annual budget, a profit and loss statement and balance sheet and maintain a law office management program while implementing sound strategies for success.

I understand that an important part of professional development will be pro bono representation which is encouraged while participating in the program. I agree to provide pro bono representation during my participation in the program.

I understand that I am creating my own law firm, that I am not an employee of the program, and that I am responsible to generate and service my own client-base. The program provides professional development and practical advice on sound practice management. While there may be an opportunity for client referrals through the program, the program makes no express or implied representations guaranteeing client referrals to participants in the program.

I agree to abide by and remain compliant with the NSU Law Clinical Programs Office Handbook as a participant in the program.

My signature below indicates that 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.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the completed application with supporting information by May 25, 2019 to Nancy Kelly Sanguigni, Assistant Dean of Clinical Programs, to sanguign@nova.edu.