



# Equal Justice Program Placement Form

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

**Employer:** Please fill out the following form in its entirety and **fax to the attention of Tammy Hubbard** at (817)212-4002. If you have any questions regarding the form, you may call Tammy Hubbard at (817) 212-4043.

Name (Please Print) \_\_\_\_\_

Pro Bono Project Name \_\_\_\_\_

Current Address:	City/State:	Zip Code:
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Phone	Fax	E-Mail
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Contact Name	Number
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Times Pro Bono Can Be Performed	M	T	W	TH	F	SA	SU
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When Pro Bono Opportunity Occurs (If Specific Day Or Month Of Year) \_\_\_\_\_

Description Of Pro Bono Project

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Duties To Be Performed By Student

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Describe Supervision To Be Given To Student

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Is An Interview With Student Necessary?	Y	N	
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Special Instructions

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Date Accepted \_\_\_\_\_ Signature \_\_\_\_\_