



United States District Court Eastern
District of Michigan

Pro Bono Attorney Case Acceptance

ATTORNEY INFORMATION		
Name		
Firm Name		
Address		
City, State, ZIP		
Phone		
Email		
Case Number		
Case Caption		
Assigned Judge		

Acceptance

I hereby accept appointment in this matter.

OR

I tentatively accept appointment, pending the outcome of a conflicts of interest check. Outcome will be reported within 7 business days.