***APPLICATION***

***SMU DEDMAN SCHOOL OF LAW LEGAL CLINICS***

***Please complete this Application in MS Word ONLY then upload to Symplicity* ID #19809.**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_

**SEMESTER BREAK ADDRESS:** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of hours expected to be completed by end of SPRING 2020:** Check one: \_\_\_\_\_ 70 or more \_\_\_\_\_\_\_ 53 to 70 \_\_\_\_\_ 44 to 52

***Please rank your choice of Clinic: 1 is first choice, 2 is second choice, etc.:***

|  |  |
| --- | --- |
| **Clinic** | **FALL 2020** |
| **W.W. Caruth, Jr., Child Advocacy Clinic** |  |
| **Civil/Consumer Clinic** |  |
| **Criminal Clinic** |  |
| **First Amendment Clinic** |  |
| **Judge Elmo B. Hunter Legal Center for Victims of Crimes Against Women** |  |
| **Innocence Clinic** |  |
| **Patent Law Clinic\*** additional application is required |  |
| **Small Business & Trademark Clinic** |  |
| **Tax Clinic** |  |
| **VanSickle Family Law Clinic** |  |

**STATEMENT OF ELIGIBILITY: Please read, initial, and sign below**

If you have previously enrolled in a Clinic, which program and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ] Initials** I am not on academic probation at the time of pre-registration.

**[ ] Initials** I will have completed 44 credits (50% of my academic course work) and all of my first year course work by the end of the Spring 2020 semester.

**[ ] Initials** By the end of the Spring 2020 semester, I will have fulfilled the requirements for each of the Clinics I have ranked above.

|  |  |  |
| --- | --- | --- |
| **Clinic** | **Prerequisites/\*Co-Requisites (can take in same semester enrolled in clinic)** | **Mandatory** **Orientation**  |
| **W.W. Caruth, Jr. Child Advocacy Clinic** | Evidence\* | Fri., August 14 |
| **Civil/Consumer Clinic** | Professional Responsibility\* | Fri., August 14 |
| **Criminal Clinic** | Professional Responsibility\*Evidence & Tex. Crim. Proc. (recommended only) | Thurs. & Fri., August 13 & 14 |
| **First Amendment Clinic** |  | Fri., August 14 (12 -4 p.m.) |
| **Judge Elmo B. Hunter Legal Center for Victims of Crimes Against Women** | Professional Responsibility\*Evidence and Family Law (recommended only) | Thurs. & Fri, August. 13 and 14 |
| **Innocence Clinic** | Evidence\* | Tues. August 11: 4:30 -5:30pmFri., August 14: 12:30- 1:30pm |
| **Patent Law Clinic** | See Patent Clinic Flyer for Requirements  | Fri., August 14 |
| **Small Business & Trademark Clinic** | Business Enterprises Forming & Operating Closely-held Businesses (recommended only) | Fri., August 14 |
| **Tax Clinic** | Federal Income Tax | Fri., August 14 |
| **VanSickle Family Law Clinic** | Professional Responsibility\* | Fri., August 14 |

**[ ] Initials** For the Patent Clinic, if you are including this Clinic in your lottery list of clinics, please complete the separate Patent Clinic Application ***in addition to*** this Application. **Both must be submitted through Symplicity #19809.**

**[ ] Initials** I understand that if I’ve had prior Clinic experience at SMU Legal Clinics or at another school, I may not pre-register for Clinic at this time. Instead, my name will be placed on a waiting list and will not be drawn until all students without Clinic experience have been drawn.

**[ ] Initials** I understand that if I have to DROP a Clinic in which I am enrolled, that I must receive permission from the clinic director **no later than: Fri. May 11, 2020.**

By signing below, you certify that the information stated above is true and correct, that you have met the applicable prerequisites and are eligible for enrollment, and that you have read the included instructions regarding pre-registration for Clinics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date SMU ID Number