

Dear Member, help other paralegals -- join NYCPA's Mentoring Program, which matches student, entry-level, and paralegals changing practice areas with experienced NYCPA members. We welcome ALL members and encourage you to be active in NYCPA! Mentoring another paralegal helps grow NYCPA as an association and YOU as a paralegal!

I have been a NYCPA member for at least six (6) months and a practicing paralegal for at least one (1) year.

My area(s) of expertise are:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> litigation | <input type="checkbox"/> family/matrimonial | <input type="checkbox"/> real estate | <input type="checkbox"/> criminal |
| <input type="checkbox"/> corporate | <input type="checkbox"/> bankruptcy | <input type="checkbox"/> trust/estates | <input type="checkbox"/> administrative |
| <input type="checkbox"/> benefits | <input type="checkbox"/> employment | <input type="checkbox"/> financial services | <input type="checkbox"/> insurance |
| <input type="checkbox"/> tax | <input type="checkbox"/> intellectual property | <input type="checkbox"/> banking | <input type="checkbox"/> environmental |
| <input type="checkbox"/> immigration | <input type="checkbox"/> labor | <input type="checkbox"/> other _____ | |

My office is located in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Downtown Manhattan | <input type="checkbox"/> Midtown Manhattan | <input type="checkbox"/> Uptown Manhattan |
| <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Queens | <input type="checkbox"/> The Bronx |
| <input type="checkbox"/> Staten Island | <input type="checkbox"/> Westchester | <input type="checkbox"/> Rockland County |

How do you prefer to be contacted by Mentee?

- | | | |
|--|--|---|
| <input type="checkbox"/> One on one meetings | <input type="checkbox"/> Team/Group contacts | <input type="checkbox"/> E-mail communications only |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> Other _____ | |

My contact information:

- | | | |
|--------------------------|--------------------|---------------------------------|
| Work Telephone No. _____ | Work e-mail: _____ | Can we contact you @ work? ____ |
| Home Telephone No. _____ | Home e-mail: _____ | Can we contact you @ home? ____ |

Complete and return to mentor@nyc-pa.org.
 Thank you for your interest
 Mariana Fradman
 Mentor Committee Chairperson