Stetson University College of Law
Pro Bono Documentation Form

(PRINT LEGIBLY)
Student Name ____________________________________________________________
Graduation Semester/Year ____________________ Banner ID # ____________________

Pro Bono Organization/Firm ________________________________________________
Street Address ____________________________________________________________
City, State and Zip _________________________________________________________
Telephone ________________________________________________________________

LEGAL -- Print Supervising Attorney’s Name: _______________________________ Bar # ____________
NON-LEGAL -- Print Site Supervisor’s Name: ________________________________

→ Total Number of Hours Performed (must match below): LEGAL _______ NON-LEGAL _______

→ Specific Dates/Times of Work: (for example – Friday, June 6, 8am-2pm) Attach separate sheets if necessary.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

→ Summary of work: Photocopying, faxing, and/or general office duties performed while doing Legal pro bono
hours must be recorded as Non-Legal hours. General office duties, even if performed at an attorney’s office,
do not meet the Legal pro bono requirement.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

* IMPORTANT *
For hours worked for a private attorney or firm to qualify as Legal, the supervisor must either provide a letter on
his/her letterhead or note by their signature below that he/she or their firm has taken the matter that you worked
on pro bono (i.e. no compensation whatsoever). Local travel time to and from a site is not eligible.

_____________________________   ______________________
Student Signature        Date

_____________________________   ______________________
Site Supervisor/Supervising Attorney Signature   Date

_____________________________   ______________________
Pro Bono Administrator Signature     Date

THIS FORM MUST BE SUBMITTED WITHIN
14 DAYS OF COMPLETION OF THE PRO BONO ASSIGNMENT