

# Senior Counsel Form

Name: \_\_\_\_\_ JD Year: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's JD Year: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

At which address do you prefer to be contacted?      Home      Business      No preference

States where you have practiced: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

## **Practice Profile: (please circle)**

Corporation	Public Interest	Private Firm	Public Defender	Prosecutor
Government: Federal	State	Court: Judge		Other _____
		Judicial Clerkship		_____

## **Size of Office: (please circle)**

Sole Practice	2-10	11-25	26-50	51-75	76+
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## **Area(s) of Concentration: (please circle)**

Aviation	Copyright	Intellectual Property	Product Liability
Administrative	Employee Benefits	Insurance	Professional Malpractice
Admiralty	Education	International	Pension
Antitrust	Energy	Labor	Public Utilities
Banking	Employment	Litigation	Real Estate
Bankruptcy	ERISA	Land Use	Securities
Business	Entertainment	Municipal Finance	Tax
Communications	Environmental	Mining	Trusts & Estates
Creditors' Rights	Family	Medical Malpractice	Toxic Torts
Commercial	Food & Drug	Municipal	Transportation
Construction	Finance	Oil & Gas	White Collar Crime
Corporate	Government Contracts	Probate	Workers' Compensation
Criminal	Health Care	Public Finance	Zoning
Civil Rights	Immigration	Personal Injury	Other _____

**Other experience or areas of interest that may be helpful to a student:** (e.g., graduate programs, non-traditional careers, pro-bono activities, community/philanthropic interests, business, etc.)

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**Return form to:** William & Mary Law School, Office of Alumni Affairs, P.O. Box 8795, Williamsburg, VA 23187-8795  
Fax: (757) 221-6329      Phone: (757) 221-3796      ktpond@wm.edu