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)

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Public Interest</th>
<th>Private Firm</th>
<th>Public Defender</th>
<th>Prosecutor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Federal</td>
<td>Court: Judge</td>
<td>Judicial Clerkship</td>
<td>Other ________</td>
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<td></td>
<td>State</td>
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<td>____________</td>
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</tbody>
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Size of Office: (please circle)

Sole Practice 2-10 11-25 26-50 51-75 76+

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.)

_____________________________________________________

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