

Loyola University Chicago, School of Law
Child and Family Law Clinic
25 East Pearson Street, 11th Floor
Chicago, IL 60611

**APPLICATION FOR ENROLLMENT IN THE
CHILD AND FAMILY LAW (CHILDLAW) CLINIC**

Enrollment in the ChildLaw Clinic requires instructor permission. All students are invited to apply for admission to the Clinic. There are no curricular prerequisites, and no required experience in Child Law. Priority will be given to students eligible to practice under Supreme Court Rule 711.

To enroll in the Clinic, you must complete this application and submit it for approval to the Director of the Clinic. If approved, the applicant may register under the terms and conditions set forth within the application. **Please deliver completed applications to the receptionist at the address listed above.**

Students enrolled in the Clinic for the first time will be required to participate in a weekly seminar (Tuesdays from 4:00 to 6:00 p.m.). Students will be expected to attend and conduct court appearances throughout the semester, and to be available to attend to other client business during regular working hours. Students working full or nearly full time, or students who have concerns about their ability to maintain a flexible schedule, should speak with one of the members of the Clinic faculty before seeking to enroll in the class. In addition, to avoid conflicts of interest, students may not participate in the Clinic while working for the criminal or juvenile divisions of the State's Attorney's Office, or the juvenile division of the Public Defender's Office.

Approved applicants will be notified of their acceptance and the Director will send an email to the Registrar approving the accepted applicants to enable enrollment in the Clinic. Students who are accepted must then contact the Registrar to enroll in the class.

Questions about the Clinic may be directed to Bruce Boyer (Clinic Director) or Stacey Platt (Associate Director) at (312) 915-7940.

APPLICATION FOR CHILDLAW CLINIC

1. Name _____ Date _____

2. Address _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

3. Credit hours completed prior to semester of enrollment _____

4. Extern or clinic hours completed prior to semester of enrollment _____

5. Expected graduation date _____

6. Credit hours, other than Clinic, to be taken during the semester of enrollment _____

7. Anticipated number of hours employed per week during semester _____

8. Name and address of employer

9. Please list undergraduate and graduate degrees, with university, degree, year of graduation, and majors _____

10. Please summarize any relevant prior experience _____

11. Why are you interested in the ChildLaw Clinic? _____

PLEASE READ THE FOLLOWING CAREFULLY. I realize that the ChildLaw Clinic will be graded and that in order to receive a passing grade I will be required to attend a two-hour weekly class session. I understand that clients and cases will dictate the number of hours required of me on a weekly basis and that a weekly average cannot be predicted with certainty, however, it is not unusual for a clinician to spend 10 or more hours per week on Clinic issues. I will be responsible for all work in connection with my assigned clients and cases, such as, but not limited to, all written submissions, meetings, status reports, hearings, etc. I understand that deadlines cannot be missed. I also understand that my grade will be based on both my performance in the cases assigned to me and my performance in the classroom. I understand that a grade will not be given unless and until all assignments are turned in. I also understand that my responsibilities within the ChildLaw Clinic will not end until the end of the last day of the final exam period in the semester in which I am enrolled.

I have read this application and my signature below denotes my understanding and acceptance of the above terms and conditions.

Student's Signature

Date

Application received by: _____

Date and time received: _____