

ATTENTION ALL STUDENTS IN SCHOOL FOR THE Fall 2010
ACADEMIC QUARTER

Pre-Registration for Prisoners' Rights Clinic

This fall we are offering the **Prisoners' Rights Clinic**. All students interested **MUST** pre-register and **MUST** COMPLETE AND RETURN the attached Registration Questionnaire and **11 (eleven) Original Signed** copies of the enclosed General Supervision form. For prison clearance purposes, these completed forms **MUST BE RECEIVED** at the Clinics by:

AUGUST 16, 2010

PRISONERS' RIGHTS CLINIC: Prisoners' Rights Clinic is a six-credit course that requires a 20-hour per week commitment from students. While in the Clinic, upper-class students are given an opportunity to learn and refine advocacy skills under the close faculty supervision of two experienced practitioners, Patricia Garin and Wally Holohan. Each student is assigned to handle a parole release hearing for an inmate serving a life sentence. Through this experience students learn to properly conduct client/witness interviews, thorough factual investigations, direct examinations of witnesses and to make persuasive closing statements. Each student presents a case before the, at present, seven-member Massachusetts Parole Board at a public hearing where there is often strong opposition from members of law enforcement and the victim's family.

In order to be considered for a slot in the Prisoners' Rights Clinic, you must return **11 original signed** General Supervision forms along with your completed Registration Questionnaire, and if you do not have a car, you must arrange for transportation to and from the prisons. All material **MUST BE RECEIVED at the Clinics BY August 16, 2010** in order to ensure that each student obtains clearance to enter the prisons in time for the start of the quarter. The first class is mandatory. If a student's material is not received by August 16, 2010, or you do not attend the first class, you will not be admitted to this course unless the course is underenrolled. If you do not have a car or access to a car to get to and from the prisons, immediately contact the clinics' secretary, Susan, at 617-373-8947 or e-mail to s.verity@neu.edu, to find out how to get cleared to use the University van. Also, several extra classes will be held at the start of the quarter to get all students up to speed on the law and procedures you must know to effectively represent our clients.

Again, the Clinics **MUST RECEIVE, by August 16, 2010**, the completed Registration Questionnaire and the eleven (11) **Original Signed** General Supervision forms from students interested in taking the Prisoners' Rights Clinic. Please mail forms to: NU School of Law Clinics, 360 Huntington Avenue - 140 DK, Boston, MA 02115.

(Limited Enrollment: 12)

Work / Study and Independent Study Opportunities

The entire Clinic staff welcomes students who would like to fill work/study jobs at the Clinics or create independent studies in clinical areas. Jim Rowan and Wally Holohan are available to discuss independent study projects. Our clinic administrator, Pat Voorhies, will be happy to discuss the work/study jobs. Call our office at 617-373-7470.

LAW SCHOOL CLINICS REGISTRATION QUESTIONNAIRE

FALL 2010

Clinic Name: **Prisoners' Rights Clinic**

This completed form and **11 Original Signed** copies of the attached General Supervision form **MUST BE RECEIVED** at the following address by **AUGUST 16, 2010:**

NU School of Law Clinics
360 Huntington Avenue – 140 DK
Boston, MA 02115

Name: _____ Phone/Day: _____ Phone/Evening: _____

Address: _____

License No. & State of License: _____ DOB: _____

E-Mail Address: _____

1. Are you: 2nd year ☐ 3rd year ☐

2. Do you speak languages other than English? (List languages and level of proficiency)

3. Do you have a car available to you during the day? ☐ Yes ☐ No

4. Have you previously taken, or are you enrolled now in either Trial Practice ☐ Yes ☐ No, or Evidence ☐ Yes ☐ No ?

5. What is your primary reason for taking this clinical course?

6. Do you have any previous volunteer or work experience in the course topic or in related legal services or social services fields (be specific)?

7. If you are eligible for work study, do you want to do it at the clinic? ☐ Yes ☐ No

8. In case we have too many people pre-registered for this clinical course, please indicate whether you will:
☐ Definitely enroll if offered a space; ☐ Probably enroll if offered a space; ☐ Will not enroll in this clinical course if offered a space in another course for which I am pre-registered (name of course _____); ☐ I have not a clue as to what I am doing.

If you have any questions, call Wally Holohan at (617) 373-3628.

This form must be retained
and stored by the Agency
holding the Criminal Record

**GENERAL SUPERVISION AND
ASSUMPTION OF RESPONSIBILITY STATEMENT
FOR LAW STUDENTS AND LEGAL
PARAPROFESSIONALS**

Criminal Offender Record Information is referred to as "CORI" in this form.

A. Identity of Legal Paraprofessional or Law Student.

1. Name: _____
First Middle Last
2. Address: _____

3. Telephone Number: _____
collect non-collect

B. Law School or other organization providing legal representation.

1. Name: Northeastern University School of Law
2. Address: 360 Huntington Avenue – 140 DK
Boston, Massachusetts 02115
3. Telephone Number: (617) 373-3660
4. Name of Chief Operating Officer:
Patricia Garin
First Last

5. Signature of Chief Operating Officer:

C. Identity of attorney who is representing the individual named in the CORI and who is providing general supervision to the above legal paraprofessional or law student.

1. Name: Patricia Garin
First Middle Last
2. Address: 360 Huntington Avenue, 140DK
Boston, Massachusetts 02115

3. Telephone Number: (617) 373-3660

4. Position Title in Organization Named in Part B:

Program Director

D. Statement and Authorization from Attorney

I hereby swear or affirm under the penalties of perjury that all above statements are complete, true and accurate, and that I assume full responsibility for the actions of the above-mentioned law student or legal paraprofessional with respect to his/her access to, use and/or dissemination of CORI.

Signature of Attorney Named Above

Date
BBO #

E. Statement of Law Student or Legal Paraprofessional:

I hereby swear or affirm under the penalties of perjury that all of the above statements are complete, true and accurate, and that I am providing legal representation for all individuals whose CORI to which I am or will request access.

Signature of Law Student or
Legal Paraprofessional

Date