

CONFIDENTIAL

NHLAP
Volunteer Questionnaire

1. Volunteer Opportunities

- Yes, I would like to serve as a NHLAP volunteer.**

Name: _____

Address: _____

Phone numbers(s) where we may contact you:

Work: _____

Home: _____

Other: _____

E-Mail Address: _____

Fax (if OK to fax): _____ confidential? Yes No

Area of state you are willing to cover: _____

- May we list you as a volunteer on our website or in any newsletters that we publish?**

Yes

No

If yes, what telephone number do you want us to publish? (We will not publish mailing addresses or e-mail addresses.)

Publish this telephone number with my name: _____.

- I am interested in working with:**

Attorneys

Law Students

Judges

who have:

substance abuse issues:

drugs alcohol both

mental health issues (depression, bipolar disorders, etc.)

Specifically _____

physical illness and/or disability

Specifically _____

stress, burnout, career change and related issues

other addictions/impulse control disorders (gambling, sex addiction, etc)

Specifically: _____

retirement or age-related issues _____

I prefer to volunteer **only** on cases in which the attorney, judge or law student has personally requested help (self-referral).

I am available to participate in **support groups**.

I am willing to assist with **facilitation of cases** for an impaired attorney.

I am willing to serve as a **Monitor** for (see page #3):

Disciplinary cases

Character and Fitness Committee cases

Judicial Conduct Commission cases

I am willing to serve as a **speaker** at CLE events, local bar functions, law schools, etc. Areas of specific interest: _____

I am willing to share my **personal story** at such talks.

of my own recovery

as a family/co-worker/friend of impaired attorney, judge or law student

2. Personal Information (helpful, but, of course, optional):

A. Date of birth: _____

B. Type of practice:

solo

firm (size: ____ attys)

government

judicial

other: _____

inactive status

non-law career: _____

C. Primary area of practice: _____

D. Additional personal information (for example: specific personal recovery; length of time in recovery; family/friend recovery; experience with issues; specific physical, mental or other disabilities; other issues you feel might help):

3. I would like to be included on the **NHLAP mailing list.**

Signature

Date

Please return this form to:

**New Hampshire Lawyers Assistance program
26 S. Main St Concord, NH 03301**

Questions? Comments? Suggestions?

Call: 603-545-8967

Toll free: 877-224-6060

Fax: 603-228-4694

PLEASE Consider Becoming a NHLAP Monitor

Occasionally, the Supreme Court, the Professional Conduct Committee, the Character and Fitness Committee or the Judicial Conduct Committee refer someone to NHLAP with the understanding he/she will enter into a **Monitoring Agreement** with NHLAP as part of an Order, Consent Decree or Consent Agreement with the disciplining/admitting body. The Monitor's job is to have weekly contact with the monitored attorney, determine (to the extent possible) whether the person has complied with the conditions of the Monitoring Agreement and fill out a monthly report for the NHLAP Executive Director. The Monitor is **not** a friend or sponsor and is not expected to ensure the person complies with the conditions. The Monitor's job is simply to determine whether conditions have been met and to file a report accordingly. If the Monitor learns of a breach of any of the conditions, the Monitor is expected to immediately report the breach to the NHLAP Executive Director who will inform the appropriate disciplining body.

You have an opportunity to give life to the Supreme Court's recognition that in some cases a judge, attorney or law student may, with the right support and guidance provided by a NHLAP Monitoring Agreement, recover their career. NHLAP relies on trained volunteers to monitor these agreements, and thereby advance not only the discipline system in our profession, but save lives. We hope you will join us.

01/08