

CLEVELAND-MARSHALL COLLEGE OF LAW SOLO PRACTICE INCUBATOR  
APPLICATION FOR ADMISSION

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Address: \_\_\_\_\_ Bar Admission Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Eligibility Requirements:*** Applications will be accepted from attorneys in good standing and eligible to practice in Ohio. Preference will be given to applicants who received their law degree no more than five years prior to application, not counting time in active military duty, public service, or extraordinary circumstances demonstrating that the applicant would benefit from the program.

Please answer the following questions as specifically as possible. You may attach as many additional sheets as you need to answer these questions.

***You must also attach your current resume, law school transcript, and list of references.***

**A. You**

1. Please provide a brief statement explaining why you want to practice in a solo or small firm setting, and why you should be selected for the Incubator program.

2. What specific core strengths will you use to make your practice successful?

Last Name: \_\_\_\_\_

3. What are three weaknesses or challenges you expect to face, and how will you manage them?

4. What specifically do you hope to get from your time in the Solo Practice Incubator?

**B. Your Practice**

1. In what areas of practice do you plan to engage (please indicate estimated percentages)?

Last Name: \_\_\_\_\_

2. What specific plans do you have to market your practice to others?

3. What specific sources of client referrals and contacts will help you build your practice?

4. Do you plan to build your practice through community involvement? What communities and how? And will you join any business or professional groups? Why or why not?

**C. Your Business**

1. Please attach to this application an itemized budget for the next two fiscal years. Your numbers need not be precise or supported by any documentation, but you should try to estimate what your individual items of costs will be, with some specificity.

2. What fee structure(s) will you use, and how will you ensure that you can meet your monthly expenses?

3. What specific and quantitative goals have you made for your business over the next three years?

4. What specific programs, software, or services will you use to manage your practice?

5. Entity Choice (e.g. Limited Liability Company, C-Corporation, Proprietorship, etc.):

Last Name: \_\_\_\_\_

Before submitting this application, please initial next to the following statements:

\_\_\_\_\_ I understand that admission to the Cleveland-Marshall College of Law Solo Practice Incubator will require me to enter a binding contract that will impose several obligations on me. Among other things, I will be required to maintain active status as an Ohio attorney in good standing, I will notify the Incubator Coordinator of some disciplinary actions taken against me, I will carry malpractice insurance in specified amounts and will agree to indemnify Cleveland-Marshall College of Law and Cleveland State University against professional liabilities I incur, and I will abide by all rules governing the program.

\_\_\_\_\_ All statements in this Application and accompanying attachments are true to the best of my knowledge and reflect realistic projections based on information reasonably available to me. Material misstatements or misrepresentations may result in my eviction from the Incubator Program should I be selected as a tenant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date