

**CRIMINAL JUSTICE ACT MENTORING PROGRAM**  
**Eastern District of New York**

**MENTOR EVALUATION FORM**  
**(To be prepared by Mentee)**

**MENTEE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cellular Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**MENTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cellular Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

1. **Mentee:** As part of your participation in the Eastern District of New York’s Criminal Justice Act Mentoring Program (the “Program”), you must complete this Mentor Evaluation Form. *The information contained in this evaluation is confidential.* The information you provide will assist the Program in achieving its goal of training qualified and committed practitioners in federal criminal practice and enabling them to qualify for consideration for appointment to the Criminal Justice Act Panel (the “Panel”). Your thoughts, suggestions, and feedback will greatly assist us in this process. Please be as candid and thorough as possible. We are looking for your honest evaluation of the Mentor’s performance. We want to ascertain the Mentor’s ability to explain all aspects of federal criminal practice, including, but not limited to, what is required of defense counsel at arraignments on complaints and indictments, bail hearings, status conferences, proffer sessions with the government, hearings, trials, sentencing hearings, post-trial proceedings, in preparing legal memoranda for any of the above, oral advocacy and ethical issues presented. How available was the Mentor for consultation? Were you treated as an associate or a paralegal? How courteous, patient and respectful was the Mentor? Do you believe that the program has assisted you in honing your federal criminal practice skills?

2. Please note the caption and docket number of all matters you assisted in (you may attach additional pages if necessary, and, if so, please note the question number and identifying information as set forth in the beginning of this form):

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3. Please comment on your experience in the Program (both positive and negative):

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4. Please comment on the tasks that you were asked to perform. Please indicate the level and quality of supervision and guidance you were given.

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5. Please comment on the Mentor's availability to answer questions and to solve problems. Did the Mentor give you feedback on your performance on an ongoing basis throughout the program?

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6. Please comment on and evaluate the Mentor's ethical behavior with clients, colleagues, the court, and other members of the federal criminal justice system.

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7. Was the Mentor present with you in court when you appeared on your assigned cases? If not, please set forth the circumstances.

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8. Did you work on all aspects of your assigned cases? Please elaborate.

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9. Please rate the Mentor's competence using a rating system of 1 to 5, with 5 being the highest rating or excellent, and 1 being the lowest rating or poor. Please provide concrete reasons for your rating.

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10. Were the Orientation Sessions helpful to you? Why or Why not? How can they be improved?

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11. In what ways do you believe the Program can be improved?

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12. Would you recommend this Program to other state practitioners aspiring to transition to federal practice? Why or why not?

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**PLEASE ENCLOSE YOUR COMPLETED EVALUATION FORM  
AND ANY ATTACHMENTS IN A SEALED ENVELOPE MARKED  
“CONFIDENTIAL”  
AND FORWARD IT TO THE ATTENTION OF:**

**Ms. Brenna B. Mahoney  
Clerk of the Court  
Eastern District of New York  
225 Cadman Plaza East  
Brooklyn, NY 11201**

*I hereby declare, under penalty of perjury, that the foregoing answers are true.*

DATED: \_\_\_\_\_, New York  
\_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
Mentee’s Signature