University of Massachusetts School of Law – Dartmouth UMass Law Clinical Programs

HOUSING & EVICTION DEFENSE CLINIC
STUDENT APPLICATION

(Updated 10/19/2026)

First Name: _____ Last Name: _____Pronouns: _____

Student ID: _____ Primary Telephone Number:_____

Anticipated Date of Graduation: _____

E-mail: _____ @umassd.edu Date: _____ Semester: _____

Please check whether you have or will be taking the following **pre or co-requisite** courses required for this Clinic:

Pre- requisites: 29 credits

Pre-requisites/ Co- requisite: Professional Responsibility (Law 525):

Yes _____ / Taking Concurrently _____

(Students who are 3:03 eligible are preferred)
Evidence (Law 576) **OR** Trial Practice (Law 620)

Yes _____ / Taking Concurrently _____

Are you or have you ever been a tenant of a residential property? ____ YES ____ NO
If yes, have you ever been in a dispute with your landlord? (e.g. eviction, repair issues, etc.)
____ YES _____ NO
If yes, please explain: _____
_____

Please check any Clinic, Field Placement, or a Practice course you have previously participated in:

_____ Community Development Clinic _____ Mashpee Wampanoag Legal Services Clinic
_____ Immigration Law Clinic _____ Human Rights at Home Clinic
_____ Criminal Prosecution Clinic _____ State Attorney General Clinic
_____ Field Placement Program
Please list placement site: _____

_____ Alternative Dispute Resolution Practice _____ Appellate Advocacy

_____ Family Law Practice _____ _____ Massachusetts Civil Practice

_____ Massachusetts Probate Practice _____ Massachusetts Worker's Compensation

_____ Real Estate Transactions _____ Residential Landlord-Tenant Practice

_____ Trial Practice _____ Transactional Drafting

_____ If none, please check here

Please attach a brief statement of not more than 250 words describing why you want to enroll in the Housing and Eviction Defense Clinic. Include what skills, values, and experiences you hope to gain.

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HOUSING & EVICTION DEFENSE CLINIC
CONFLICT OF INTEREST FORM
(Updated 03/04/2024)

NAME	

The purpose of this form is to determine if there are any real or potential conflicts of interest which would jeopardize the confidentiality and loyalty required of you in the Clinic. Therefore, please take time to answer these questions thoughtfully and completely (attach additional sheets if necessary). You are obligated to submit any updates or changes to this form while enrolled in the Clinic (for example, if you accept a job during your time in the Clinic).

1. CURRENT LEGAL EMPLOYMENT (MARPC 1.7, 1.10)

Are you currently working or volunteering (include an internship/externship) for a law firm, legal services office, corporate legal department, government agency or any other provider of legal services?

☐ Yes. If yes, answer the following ☐ No. Continue on to 2 below.

Where are you employed or volunteering?

On what types of cases are you (or will you be) working?

What legal assistance does the organization need?

2. PAST LEGAL EMPLOYMENT (MARPC 1.9, 1.11) (PAID, VOLUNTEER OR EXTERNSHIP, AS LAW STUDENT OR OTHERWISE)

Have you ever worked or volunteered for any office listed in Question 1?

☐ Yes. If yes, answer the following ☐ No. Continue on to 3 below.

Where have your worked or volunteered?

On what types of matters or cases did you work at each place?

3. OFFICE SHARING

If you work(ed) for an attorney or attorneys who share office space with other attorneys, please list the names of the other attorneys below.

4. FUTURE EMPLOYMENT

Please list any entities for which you will work (have an offer of employment) or with which you have interviewed for future employment, including law firms, legal services offices, corporate legal departments, government agencies. If you have had any communication other than sending a resume, please list them. If you subsequently hear from any potential employer (other than confirming receipt of your resume or application), you are required to update this form. Please list the complete name of the entity.

5. VOLUNTEER ACTIVITIES AND AFFILIATIONS
Please state any other non-legal job, volunteer position or Board affiliation you will hold during your semester in the Clinic.

6. OTHER POTENTIAL CONFLICTS
If your significant other is a lawyer, legal intern, or a judge, please list the name of that individual's employer, partners, or associates.
If you live with someone who is an attorney, legal intern, or judge, please list the name of the person's employer, partners, or associates.
If you live with someone who is a member of the judiciary or works for a court, please list the name of the person's employer.
If you have retained a Massachusetts Attorney for any reason, please provide the attorney's contact information, as well as the dates of your professional relationship.
Please list any other facts or circumstances which could potentially pose a conflict of interest for your participation in the Clinic, such as personal financial or family interests that could present conflicts of interest for you in the Clinic.

I certify that the above information is true and complete to the best of my knowledge. I certify that if any of the answers change or are no longer be true, I will promptly notify the Director of the Clinic.

ELECTRONIC SIGNATURE:	
DATE:	