附件：

**深圳市法律援助案件质量评估专家报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | 民族 |  | | 出生年月 |  | | | 照 片 |
| 学历 | |  | | 政治面貌 |  | 专长 |  | | | | | |
| 执业年限 | |  | | 执业证号 |  | | | | | | | |  |
| 所在律师事务所及职务 | | | | |  | | | | | | | |
| 联系方式 | 电话 | |  | | | | | 手 机 | | |  | | |
| 邮箱 | |  | | | | | 微信号 | | | |  | |
| 从业经历和突出业绩 |  | | | | | | | | | | | | |
| 律师事务所意见 | （盖 章）  年 月 日 | | | | | | | | | | | | |