

**Law Office Management Assistance Program Lending Library**  
**Application (LOMAP LL)**

Please complete all information on this application and fax it back to 608-257-5502 or email it to [PracticeHelp@wisbar.org](mailto:PracticeHelp@wisbar.org).

Last Name:

First:

MI:

Street:

City:

State:

Zip Code:

Email:

Phone:

Wisconsin Bar No.:

I state that I am (Select one):

- Wisconsin Judge
- Attorney in private practice who is a member of the State Bar of Wisconsin
- Attorney in other than private practice who is member of the State Bar of Wisconsin
- Staff of attorneys in private practice (authorization required – you must contact the Practice Management Advisor at 800.444.9404 ext. 6012 or [PracticeHelp@wisbar.org](mailto:PracticeHelp@wisbar.org))

I agree to be responsible for all materials borrowed, and any fees I owe for overdue, lost or damaged materials. I am responsible for returning materials on time. I am responsible for all costs to ship materials to me and will pay such charges immediately upon receipt. I am also responsible for returning the materials to the LOMAP LL at my expense using US Postal Service or other delivery service and will insure such materials for their cost. I will notify the Practice Management Advisor at 800.444.9404 ext 6012 or [PracticeHelp@wisbar.org](mailto:PracticeHelp@wisbar.org) immediately if my any of the information I provided above changes or if any material is lost.

To complete, please click below:

- Yes, I agree to the terms and conditions set out above and such other reasonable rules and regulations that may be established from time to time by the LOMAP LL.**

---

**Signature**

**Materials I wish to check out:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_