附件1

法律援助律师库申报名单

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| 法律援助服务机构基本信息 | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | |
| 地址 | |  | | | | | | | | | | |
| 基本情  况介绍  （300字以内） | |  | | | | | | | | | | |
| 机构负责人信息 | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 |  | | | |
| 办公电话 | |  | | | | | | 手机 |  | | | |
| 通讯地址 | |  | | | | | | | | | | |
| 机构联系人信息 | | | | | | | | | | | | |
| 姓名 | |  | | | | | | 职务 |  | | | |
| 办公电话 | |  | | | | | | 手机 |  | | | |
| 通讯地址 | |  | | | | | | | | | | |
| 推荐执业律师信息  （附执业证复印件加盖所章） | | | | | | | | | | | |
| **序号** | **姓名** | | **性别** | **民族** | **政治面貌** | **执业年限** | **身份证号** | | | **执业证号** | **联系电话** |
| 1 |  | |  |  |  |  |  | | |  |  |
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| 12 |  | |  |  |  |  |  | | |  |  |
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| 14 |  | |  |  |  |  |  | | |  |  |
| .... |  | |  |  |  |  |  | | |  |  |