

PRO BONO ATTORNEY INFORMATION FORM
LEGAL AID SERVICES OF OREGON, MULTNOMAH COUNTY OFFICE

NAME: _____ OFFICE PHONE: _____

OFFICE NAME AND ADDRESS: _____

FAX: _____ E-MAIL: _____

I am a member of the Oregon State Bar in good standing. My bar number is: _____

I am fluent in the following languages other than English: _____

I am and will continue to be covered by professional liability insurance. Yes No

If you do not have professional liability coverage for your pro bono work referred through our office, it will be provided by Legal Aid Services of Oregon.

I would like to volunteer for the following project(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Domestic Violence Project | <input type="checkbox"/> OSB Debtor-Creditor Section | |
| <input type="checkbox"/> Pro Se Assistance Project | <input type="checkbox"/> Bankruptcy Clinic | |
| <input type="checkbox"/> ProBonoOregon Listserv | <input type="checkbox"/> Legal Aid Night Clinic | |
| <input type="checkbox"/> Senior Law Project (Please indicate the particular senior center(s) you are interested in) | | |
| <input type="checkbox"/> Gresham YWCA | <input type="checkbox"/> Friendly House | <input type="checkbox"/> Hollywood Senior Center |
| <input type="checkbox"/> IRCO Senior Center | <input type="checkbox"/> Neighborhood House, SW | <input type="checkbox"/> North Portland YWCA |
| <input type="checkbox"/> Portland Impact | <input type="checkbox"/> Neighborhood House, Downtown | <input type="checkbox"/> Urban League |

Attorneys are occasionally needed to accept direct referral cases or to mentor a less-experienced attorney on a case. If you are interested in accepting direct referral cases or mentoring an attorney, please choose from the areas listed below:

I would like to: take direct referral cases be a mentor, in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Elder Law, Wills, Probate | <input type="checkbox"/> Public Benefits, Social Security |
| <input type="checkbox"/> Housing Law, Landlord/Tenant | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Employment Law |

I am willing to travel to the home of a client who cannot come to my office because of a serious disability.

Date: _____ Signature: _____

Please return this form to:

Andreea Szabo
Legal Aid Services of Oregon
921 SW Washington, Suite 500
Portland, OR 97205
Fax: 503-295-9496,

If you have any questions, contact: Andreea Szabo at 503-224-4086 or Andreea.Szabo@lasoregon.org

Thank you for your generous support of our pro bono programs! Because of your efforts, clients who could not otherwise afford legal services receive the help they need.