

PRO BONO ATTORNEY INFORMATION FORM--2007
VOLUNTEER LAWYERS PROJECT AT LEGAL AID SERVICES OF OREGON,
MBA YLS PRO BONO COMMITTEE & OREGON LAW CENTER

NAME: _____ OFFICE PHONE: _____

OFFICE NAME AND ADDRESS: _____

FAX: _____ E-MAIL: _____

I prefer to communicate about my volunteer schedule by: Email Telephone

I prefer to receive meeting notices and other written communication by: Email US 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, it will be provided by Legal Aid Services of Oregon or the Oregon Law Center if you see a client through one of their programs. The MBA-YLS projects, indicated below (*) DO NOT provide professional liability coverage and attorneys volunteering for those projects MUST have their own coverage.

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

- | | |
|---|--|
| <input type="checkbox"/> Attorneys for Youth* | <input type="checkbox"/> OSB Debtor-Creditor Section |
| <input type="checkbox"/> Community Development Law Center | <input type="checkbox"/> Bankruptcy Clinic |
| <input type="checkbox"/> Domestic Violence Project | <input type="checkbox"/> Pro Se Assistance Project |
| <input type="checkbox"/> Neighborhood Legal Clinic | <input type="checkbox"/> Senior Law Project |
| <input type="checkbox"/> Non-Profit Project* | <input type="checkbox"/> ProBonoOregon Listserv |

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

I would like to: **Take direct referral cases**, AND/OR **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 Property |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Employment Law |

I would like to receive training materials, if available, for the pro bono project(s) indicated above.

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 form to: Shawn Menashe, Gevurtz Menahse Larson & Howe,
111 SW 5th Ave, Suite 900, Portland, OR 97204,
Phone: (503) 227-1515, Fax: (503) 243-2038**

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.