

PRO BONO ATTORNEY INFORMATION FORM - 2015
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 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.

I would like to volunteer for the following project(s). Training materials are available for many of the pro bono opportunities listed.

- | | |
|--|---|
| <input type="checkbox"/> Domestic Violence Project | <input type="checkbox"/> Pro Se Assistance Project (PROSAP) |
| <input type="checkbox"/> CCBA Legal Aid Clinic (expungements) | <input type="checkbox"/> PROSAP Facilitation Clinic |
| <input type="checkbox"/> Low Income Tax Payer Clinic | <input type="checkbox"/> OSB Debtor-Creditor Section |
| <input type="checkbox"/> Wills for Heroes | <input type="checkbox"/> Bankruptcy Clinic |
| <i>Note: Professional liability coverage NOT provided under this program</i> | <input type="checkbox"/> ProBonoOregon Listserv |
| | <input type="checkbox"/> Senior Law Project |

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 |
| <input type="checkbox"/> Foreclosure Law | <input type="checkbox"/> Tax 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 form to: Ryan Mosier
Multnomah Bar Association
620 SW 5th Ave. Suite 1220, Portland OR 97204
Fax: 503.243.1881 Phone: 503.222.3275 Email: ryan@mbabar.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.