

VOLUNTEER ATTORNEY PROGRAM
ENROLLMENT FORM

I am ready to make a commitment! I would like to become a pro bono attorney for the **Volunteer Attorney Program of Three Rivers Legal Services**.

Name _____ Bar Number _____

Address (mailing and office with City and Zip Code)

County(ies) of Practice Circuit e-mail address

Phone Number Cell Phone Fax Number

I prefer referrals in the following practice areas (✓check all that apply)

Family Law

- Dissolution of Marriage
- Post Judgment Relief
- Adoption
- Other _____

- Guardianship**
- Probate** (e.g., to secure homestead)
- Wills** (including advance directives)
- Education** (e.g., parent/student access)

- Housing** (landlord/tenant)
- Insurance** (life, health, homeowners)

- Employment** (representing employees)
- Automobile negligence & insurance matters** (non fee-generating)

- Public Benefits** (disability/food stamps/other)

Real Property

- Litigation (including foreclosure and clear title)
- Transactional

Consumer Protection

- Contract Disputes (including unfair sales practices, truth-in-lending, used car sales, repairs)
- Bankruptcy
- Tax (IRS)

I prefer to participate in **Community Legal Education** programs in the following areas:

- Domestic Violence
- Landlord/Tenant
- Real Property
- Other (specify) _____
- Dependency
- Consumer
- Wills/Probate

I am interested in participating in an **Advice Clinic**

I am a member of a firm and am interested in a firm project in the following area(s):

Comments or Questions: