

Mid-Shore Pro Bono

Volunteer Attorney Registration Form

Thank you for your interest in joining Mid-Shore Pro Bono as a volunteer attorney. Please fill out this form so that we can provide you with an appropriate volunteer opportunity.

Name: _____

Gender: _____ Firm: _____

Business Address: _____

State/City/Zip: _____

Work Phone: _____ Fax: _____

Email: _____

Legal Assistant: _____

Optional:

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Personal Email: _____

Date of Admission to Maryland Bar (mm/dd/yyyy): _____

Are you now, or have you ever been, the subject of an Attorney Grievance proceeding? ____

If yes, please list date(s) and outcome: _____

Are you fluent in any language besides English? _____

Counties available to volunteer in: _____

I can provide representation in the following area(s) (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Consumer Debt | <input type="checkbox"/> Advanced Medical Directives |
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Wills or Probate |
| <input type="checkbox"/> Small Claims | <input type="checkbox"/> Landlord-Tenant Dispute |
| <input type="checkbox"/> Child Custody and/or Visitation | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Tort Defense |
| <input type="checkbox"/> Elderly Family Member(s) | |

I wish to participate in the Judicare Program, in which attorneys accept a contested family law case for a reduced-fee. Judicare attorneys are asked to accept one pro bono domestic case for every Judicare case referred. Yes _____ No _____

Signature: _____

Date: _____