



24 Aviation Road, Suite 101, Albany, New York 12205
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Pro Bono Attorney Application

NAME: _____

FIRM OR EMPLOYER NAME: _____

WORK ADDRESS: _____

HOME ADDRESS: _____

Please use my work home address.

WORK PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

Please use my work cell home phone.

EMAIL: _____

Year admitted to New York State Bar: _____

Primary area(s) of practice: _____

Please attach resume or C.V. if you have one.

I am interested in providing advice representation.

I am interested in the following programs (please see attached for descriptions):

- | | |
|---|---|
| <input type="checkbox"/> Domestic Violence Legal Connection | <input type="checkbox"/> Legal Clinics |
| <input type="checkbox"/> Domestic Violence Reduced Fee Matrimonial Program | <input type="checkbox"/> Legal Clinics for Veterans |
| <input type="checkbox"/> Bankruptcy and Credit | <input type="checkbox"/> Small Business Legal Clinics |
| <input type="checkbox"/> Wills Project | <input type="checkbox"/> Uncontested Divorce Clinics |
| <input type="checkbox"/> Affordable Housing Attorney Assistance | <input type="checkbox"/> Legally Speaking |
| <input type="checkbox"/> Immigration Legal Network | |
| <input type="checkbox"/> Homeowner Protection Program | |
| <input type="checkbox"/> Other <i>Please indicate what services you are interested in providing</i> _____ | |

I am interested in providing services in the following counties:

- Albany
- Rensselaer
- Schenectady
- Saratoga
- Columbia
- Wherever I am needed

Do you speak any languages other than English? yes no

If so, what language(s)? _____

Do you have malpractice insurance? yes no

If you do not, you will be covered by The Legal Project's malpractice insurance.

Have you ever been the subject of a malpractice or disciplinary action?

No Yes. *Please explain.* _____

Have you ever had an Order of Protection or Temporary Order of Protection issued against you?

No Yes. *Please explain.* _____

Have you ever been convicted of a crime?

No Yes. *Please explain.* _____

I affirm that I am a member in good standing of the bar of New York State.

Signature

Date

Please fax, email or mail this application to:

Susan S. Pattenaude, Esq.
Director of Pro Bono Services
The Legal Project
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Albany, NY 12205
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