

**PRO BONO REGISTRATION FORM**

UPDATED \_\_\_\_\_ NEW \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRM/AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ COUNTY: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Legal areas in bold indicate the highest level of need:  
(Please mark the areas in which you will accept referrals)**

Administrative Agency

Unemployment Benefits \_\_\_\_\_  
Social Security/SSI \_\_\_\_\_  
Driver's License \_\_\_\_\_  
Veterans Affairs \_\_\_\_\_

Elder Law

Financial POA \_\_\_\_\_  
Health Care POA \_\_\_\_\_  
Living Wills \_\_\_\_\_  
Pension \_\_\_\_\_  
Wills \_\_\_\_\_  
Probate \_\_\_\_\_  
Medicaid/Miller Trust \_\_\_\_\_  
Guardianship/Conservatorship \_\_\_\_\_

Employment Law

Wage claims \_\_\_\_\_  
General employment issues \_\_\_\_\_

Housing

Landlord/tenant \_\_\_\_\_

**Real Estate**

**Foreclosure** \_\_\_\_\_

Mediation

**Family law issues** \_\_\_\_\_  
Other civil issues \_\_\_\_\_

Consumer Issues

Debt Counseling \_\_\_\_\_

**Bankruptcy**

Garnishment \_\_\_\_\_  
Home Repair Contracts \_\_\_\_\_  
Repossessions \_\_\_\_\_  
Insurance \_\_\_\_\_  
Tort Defense \_\_\_\_\_

**Tax** \_\_\_\_\_

Family Law

Adoption \_\_\_\_\_

**Child Support**

Custody \_\_\_\_\_

Domestic Abuse \_\_\_\_\_

**Dissolution of Marriage**

Guardian ad litem \_\_\_\_\_

Immigration \_\_\_\_\_

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I am willing to accept a total of \_\_\_\_ cases per year.

I am willing to do intake at the local legal aid office. \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are fluent in any language other than English, please indicate which languages: \_\_\_\_\_

**TO COMPLY WITH PROFESSIONAL LIABILITY INSURANCE REQUIREMENT FOR COVERAGE OF CASES PLACED THROUGH THE VLP, WE NEED THE FOLLOWING COMMITMENT:**

I am admitted to practice, am in good standing, and have no disciplinary proceedings pending against me. I will notify Iowa Legal Aid promptly if I become the subject of a disciplinary complaint or am disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body. (This information is needed for Iowa Legal Aid which provides malpractice coverage.)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Please return form to: HELP Regional Office of Iowa Legal Aid  
736 Federal Street, Suite 1401  
Davenport, IA 52803  
Telephone: 563/322-3986 extension 1913  
Facsimile: 563/884-4461