

# PRO BONO REGISTRATION FORM

UPDATED ☐ NEW ☐

NAME: \_\_\_\_\_  
FIRM / AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
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 ..... ☐

## 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 ..... ☐

Intake at local Iowa Legal Aid ofc .... ☐

Limited Scope Representation ..... ☐

Disaster ..... ☐

## Mediation

Family law issues ..... ☐  
Other civil issues ..... ☐

## Consumer Issues

Debt Counseling ..... ☐  
Bankruptcy ..... ☐  
Garnishment ..... ☐  
Home Repair Contracts ..... ☐  
Repossessions ..... ☐  
Insurance ..... ☐  
Tax ..... ☐  
Licensed to practice in tax court: ☐ Yes ☐ No  
Tort Defense ..... ☐

## Family Law

Adoption ..... ☐  
Child support ..... ☐  
Custody ..... ☐  
Domestic Abuse ..... ☐  
Dissolution of Marriage ..... ☐  
Guardian ad litem ..... ☐  
Pro Se Divorce Clinics ..... ☐  
Limited Scope ..... ☐

Immigration ..... ☐

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List counties in which you will accept referrals: \_\_\_\_\_  
If you are fluent in any language other than English, please indicate which languages: \_\_\_\_\_

TO COMPLY WITH PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS 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 the Volunteer Lawyers Project 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: Iowa Legal Aid Volunteer Lawyers Project, 1111 9th St Ste 230, Des Moines, IA 50314**

**For more information about pro bono in Iowa visit: [probono.net/iowa](http://probono.net/iowa)**

\*NOTE: When you volunteer, cases will be placed with you through your local pro bono delivery program:  
Polk County Bar Association      Iowa Legal Aid Volunteer Lawyers Project  
Volunteer Lawyers Project      800-798-0311  
www.pcbaonline.org      [probono.net/iowa](http://probono.net/iowa)  
515-243-3904      [vlp@iowalaw.org](mailto:vlp@iowalaw.org)

05/2018