

Community Legal Aid – Pro Bono Registration Form

Please return by fax to 1-413-536-2420 or email (scan) to jmclellan@cla-ma.org

Attorney Name (First, Middle, Last) _____

BBO Number _____ (If pending, please indicate so) Year first admitted to the MA Bar _____

Other Jurisdictions Admitted (including date) _____

Law Office/Firm Name _____

Address _____ City _____ Zip _____

Phone Number(s) _____ Email _____

Primary areas of practice _____

Years of Experience: 1-2 _____ 3-5 _____ 6-10 _____ 10+ _____

I am willing to accept cases in the following area(s) (please circle):

Estate Planning	Probate Matters	Family Law	Adult Guardianships / Conservatorships
Bankruptcy (Ch. 7)	Debt Collection / Small Claims Matters	Student Loan Discharge	Foreclosure Defense
Landlord-Tenant (Eviction Defense)	Landlord-Tenant (Conditions)	Personal Injury	Special Education
CORI / Re-entry	License Suspension	Employment Law	Public Benefits / Social Security / Unemployment Insurance
Other: _____			

I would like to participate in the following project-based program(s) (please circle):

Worcester District Court Lawyer for Day (Small Claims)	Worcester Family Court Lawyer for Day	Hampden County Conciliation Project	Western Mass Housing Court Lawyer for the Day (Springfield)
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I will accept cases with the following county venue(s) (please circle):

Worcester	N. Worcester	Hampden	Hampshire	Berkshire	Franklin
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I am available for a case (please circle):

Immediately	In three months	In six months	Other: _____
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I am willing to serve as mentor to new attorneys in this subject area(s): _____

I would like training and/or mentorship in the following subject area(s): _____

I or staff in my office speak the following language(s): _____