

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, MI, Last) _____

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

Other jurisdictions admitted (including date) _____

Office/Firm Name/Law School (if applicable) _____

Address _____ City _____ Zip _____

Phone Number(s) _____ Email _____

Primary areas of practice _____

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

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

Adult Guardianships	Bankruptcy (Chapter 7)	Basic Estate Planning	Consumer Debt/Small Claims
CORI/Re-Entry	Drivers License Suspension Appeals/RMV Issues	Elder Law	Employment Law
Family Law	Foreclosure Defense	Landlord-Tenant (Eviction Defense/Conditions)	Personal Injury
Probate Matters	Public Benefits/Social Security/Unemployment Insurance	Special Education	Other:

I would like to participate in the following brief service opportunity(ies) (please circle):

Worcester District Court Small Claims Lawyer for the Day	Worcester Family Law Counsel and Advice Sessions	Hampden County Conciliation Project	Housing Court Lawyer for the Day, Western Division	Estate Planning Clinics
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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 (3) months	In six (6) months	Other:
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I am willing to accept 1 _____ 2 _____ 3 _____ 4 _____ 5+ _____ cases at a time.

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 have an MCLE OnlinePass subscription: **Yes** _____ **No** _____

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

How did you learn about Community Legal Aid Pro Bono? _____