

Sign-Up Form

Pro Bono Service for Legal Aid of North Carolina

A. Contact Information:

NAME: _____ **LAW FIRM:** _____

ADDRESS: _____
Street/PO Box City State Zip Code

PHONE: () _____ **FAX:** () _____ **E-mail:** _____

B. Pledge/Requests: (Check all that apply)

- Pro Bono Pledge:** I agree to provide *pro bono* services for Legal Aid of NC's clients as indicated below.
- Recommitment Pledge:** I am already participating, and you can count on me to continue to accept *pro bono* matters as indicated below.
- Call Me:** I would like to discuss my potential involvement as a *pro bono* attorney.
- I can represent clients in the following counties:** _____
- I request orientation/training for the following types of cases:**
- Landlord/Tenant Domestic Violence Mortgage Foreclosure Other (Specify): _____

C. Matters of Interest: I will consider accepting the following types of matters for Legal Aid of North Carolina's clients: (Check all that apply)

- | | | | |
|---|--|---|--|
| <p>BANKRUPTCY</p> <input type="checkbox"/> Chapter 7 Petitioner
<input type="checkbox"/> Named Creditor
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>CONSUMER</p> <input type="checkbox"/> Car Repair Disputes
<input type="checkbox"/> Collections/Executions
<input type="checkbox"/> Foreclosures
<input type="checkbox"/> Lemon Law (N.C.G.S. § 75-16)
<input type="checkbox"/> Mobile Home Defect Claims
<input type="checkbox"/> Collections/Executions
<input type="checkbox"/> Repossessions
<input type="checkbox"/> Unfair Debt Collections
<input type="checkbox"/> Unfair/Deceptive Trade Practices
<input type="checkbox"/> Utility Cutoffs
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>CORPORATE</p> <input type="checkbox"/> Nonprofit Incorporations
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>EDUCATION</p> <input type="checkbox"/> Public School Discipline/Suspensions
<input type="checkbox"/> Special Education Issues
<input type="checkbox"/> Student Loan Issues
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> | <p>EMPLOYMENT</p> <input type="checkbox"/> Employee Benefits Claims
<input type="checkbox"/> Employment Discrimination
<input type="checkbox"/> Pension Plans
<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Wage Claims
<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Wrongful Discharge
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>FAMILY LAW</p> <input type="checkbox"/> Adoptions
<input type="checkbox"/> Contested Custody
<input type="checkbox"/> Divorce (To Secure Public Benefits)
<input type="checkbox"/> Domestic Violence (50-B)
<input type="checkbox"/> Name Changes
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>GOVERNMENT BENEFITS</p> <input type="checkbox"/> Medicaid/Medicare Eligibility
<input type="checkbox"/> Medicaid Part D Prescription Benefits
<input type="checkbox"/> Social Security Disability
<input type="checkbox"/> SSI/Medicaid Asset Issues
<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> | <p>HEALTH CARE</p> <input type="checkbox"/> COBRA
<input type="checkbox"/> Insurance Claims
<input type="checkbox"/> Nursing Home Transfer/Discharge Issues
<input type="checkbox"/> Services to Non-English Speaking Persons
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>HOUSING</p> <input type="checkbox"/> Conversion of Property
<input type="checkbox"/> Evictions
<input type="checkbox"/> Private Landlord
<input type="checkbox"/> Public Housing
<input type="checkbox"/> Failure to Repair/Rent Rebate
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>IMMIGRATION</p> <input type="checkbox"/> Deportation
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> LPR Applications
<input type="checkbox"/> Political Asylums
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> | <p>REAL ESTATE</p> <input type="checkbox"/> Boundary Disputes
<input type="checkbox"/> Deeds/Title Questions
<input type="checkbox"/> Property Transfers
<input type="checkbox"/> Zoning Issues
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>TAX</p> <input type="checkbox"/> Alleged IRS Liability
<input type="checkbox"/> Property Tax Disputes
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> <p>WILLS/ESTATES</p> <input type="checkbox"/> Expedited Service to Terminally ill Clients
<input type="checkbox"/> Estate Administration
<input type="checkbox"/> Guardianship
<input type="checkbox"/> Living Will/Health Care Powers of Attorneys
<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Simple Trusts for Children of Disabled Parents
<input type="checkbox"/> Simple Wills
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> |
|---|--|---|--|

D. Interest in Special Projects: I am also interested in helping with the following: (Check all that apply)

- | | |
|--|---|
| <p>SPECIAL PROJECTS</p> <input type="checkbox"/> Representation of victims in domestic violence (50B) hearings in District Court (joint collaboration with NC Coalition against Domestic Violence)
<input type="checkbox"/> Mediation services
<input type="checkbox"/> Monthly one-hour telephone interview to provide advice and/or brief service to pre-screened LANC clients
<input type="checkbox"/> Rent Abatement/rebate cases
<input type="checkbox"/> Client Presentations (Domestic, Consumer or Housing): _____
<small>(Specify: _____)</small> | <p>STATEWIDE PROJECTS</p> <input type="checkbox"/> Advocates for Children's Services
<input type="checkbox"/> Battered Immigrant Project
<input type="checkbox"/> Domestic Violence Prevention Initiative
<input type="checkbox"/> Farmworker Legal Services (Spanish speaking)
<input type="checkbox"/> Mortgage Foreclosure Project
<input type="checkbox"/> Senior Law Project
<input type="checkbox"/> Other: _____
<small>(Specify: _____)</small> |
|--|---|

E. Please FAX your completed form to you local Legal Aid of NC PAI Coordinator:

Ahoskie: 252-332-3317	Goldsboro (Wilson): 252-291-6407	Raleigh: 919-839-8370
Asheville: 828-236-2008	Greensboro: 336-333-9825	Rocky Mount (Wilson): 252-291-6407
Boone: 828-264-5667	Greenville: 252-758-1843	Sanford (Pittsboro): 919-545-0735
Charlotte: 704-971-0180	Monroe (Concord): 704-786-4149	Smithfield: 919-934-4532
Concord: 704-786-4149	Morganton: 828-437-9397	Sylva: 828-586-4082
Durham: 919-682-8157	New Bern: 252-637-6099	Wilmington: 910-343-8894
Fayetteville: 910-483-2763	Pembroke: 910-521-9824	Wilson: 252-291-6407
Gastonia: 704-865-2359	Pittsboro: 919-545-0735	Winston-Salem: 336-723-9140