

EIGHTH Judicial District PRO BONO COMMITTEE

Pro Bono Registration Form

Name: _____

Employer: _____

Address (City, State, Zip): _____

Telephone: _____

E-Mail: _____

Year Admitted: _____

I would prefer to handle pro bono cases in the following areas:

- | | |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Article 81 Guardianship | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Non-Parent Custody Petitions |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Collection Defense | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Consumer / Contracts | <input type="checkbox"/> Rights of the Disabled |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Rights of the Elderly |
| <input type="checkbox"/> Eviction Defense | <input type="checkbox"/> Small Estates |
| <input type="checkbox"/> Foreclosure Defense | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Health Care Proxy | <input type="checkbox"/> Torts (Defense Only) |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Income Tax | <input type="checkbox"/> Wills/Power of Attorney |

With additional training, I would be willing to handle pro bono cases in the following areas: _____

I am willing to represent inmates in divorce actions

- Yes No

I would prefer to handle cases in the following counties:

- | | | |
|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Erie | <input type="checkbox"/> Orleans |
| <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Genesee | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Niagara | |

I speak the following foreign language(s): _____

Signature

Date

Please return to Amanda Warner, Esq. by fax to **(716) 847-0307**
or by mail to **237 Main Street, Suite 1000, Buffalo, NY 14203.**