NYS Unified Court System
Office of ADR & Court Improvement Programs

Collaborative Family Law Center

Affirmation of Volunteer Service

Thank you for participating in the Collaborative Family Law project. Please complete the following information and click on the **Submit by Email** button below after you complete a pro bono case.

*** = Required Fields**

***Last Name:** ***First Name**:

***Type of Professional:**

***If other, please specify:**

***Contact Number**: **Secondary Contact Number**:

***Email Address**:
(If you do not have an email address, indicate no email address)

***Date(s) Pro Bono Service Performed**	***Hours Pro Bono Service Performed**

*Name(s) of Center-Referred Client(s)

Last Name, First Name:

Referral Date (if known):

***Did you conduct any meetings at the Collaborative Family Law Center, located at 80 Centre Street, Rm. 133, NY, NY**?

***Was Divorce Filed**? **If No, why?**

If Yes, **County:** **Date:** **Index** Nu**mber:**

*I, , affirm that I performed hours of volunteer service for the Collaborative Family Law Center.

Submit by Email