



ATTORNEY VOLUNTEER SIGNUP FORM

Volunteer Attorney: \_\_\_\_\_ Bar No. \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

I will accept pro bono cases in the following areas of law:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bankruptcy              | <input type="checkbox"/> General Litigation | <input type="checkbox"/> Probate                  |
| <input type="checkbox"/> Consumer                | <input type="checkbox"/> Guardianships      | <input type="checkbox"/> Real Estate              |
| <input type="checkbox"/> Debt Collection Defense | <input type="checkbox"/> Housing            | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Insurance          | <input type="checkbox"/> Tax                      |
| <input type="checkbox"/> Employment Problems     | <input type="checkbox"/> Immigration        | <input type="checkbox"/> Torts Defense            |
| <input type="checkbox"/> Family Law              | <input type="checkbox"/> Landlord-Tenant    | <input type="checkbox"/> Wills                    |
|  | <input type="checkbox"/> License Revocation | <input type="checkbox"/> Wills, Homebound         |

I am willing to keep pro bono cases on my personal docket routinely. When I close a case or a case is inactive, you may call me to take another.

I speak Spanish fluently.

I am **not** willing to work with clients who:  have mental health impairments,  have hearing impairments,  who need an ASL interpreter,  who need a language interpreter

I will volunteer at an Evening Legal Clinic in Austin and give advice on the following matters:

- Family law  Debt  General (non-family) civil matters  Special Education Clinics

I am a certified mediator and will volunteer to mediate for VLS clients on a pro bono basis.

I will volunteer to serve as an attorney ad litem for missing parties in uncontested cases. You will not have to represent any found parties.

Comments: \_\_\_\_\_

Note: Our Case Referral Coordinator will call to discuss individual referrals with you.

PLEASE RETURN FORM TO: VLS, 816 Congress Avenue, Suite 701, Austin, TX 78701  
Or Fax to (512) 322-0764, Attn: Anna K. Meyers

FOR ADDITIONAL INFO call Anna K. Meyers at (512) 476-5550, ext. 304 or email [akmeyers@vlsoct.org](mailto:akmeyers@vlsoct.org).