



"Attorney-On-Call" Sign-Up Form

DATE _____

Attorney Full Name: _____ Bar No. _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail _____ Date Licensed: _____

Because of conflict(s) of interest, I am unable to give legal advice in the following areas of law:

_____ I speak Spanish fluently.

I am available over the phone (or Skype) on the following days each month:

1st Monday 8:00am-10:00am

1st Wednesday 9:00am-12:00pm

2nd Monday 9:00am-12:00pm

Last Wednesday 9:00am-12:00pm

3rd Monday 9:00am-12:00pm

2nd Friday 8:00am-10:00am

Last Thursday 12:30pm-3:30pm

OR these specific dates (please see Outreach Intake Clinic Calendar): _____

Note: Our Outreach Coordinator will call to discuss specific times and dates with you. We are happy to work with attorneys on availability and scheduling. This form is simply to give us an idea of when you are available.

PLEASE RETURN FORM TO: Lexie Cooper via email at lcooper@vlsoct.org.
Or Fax to (512) 322-0764, Attn: Lexie Cooper