

**VOLUNTEER LAWYERS PROJECT**  
**PRO BONO ATTORNEY INFORMATION FORM**  
 LEGAL AID SERVICES OF OREGON, PORTLAND REGIONAL OFFICE

Name		Phone	
Firm & Address			
Email			
I am a member of the Oregon State Bar in good standing. My bar number is:			
I am fluent in the following languages other than English:			
I am and will continue to be covered by professional liability insurance.		Yes	No

*If you do not have professional liability coverage for your pro bono work referred through our office, it will be provided by Legal Aid Services of Oregon.*

**I would like to volunteer for the following project(s):**

	Clackamas County Pro Bono Project – Expungement Clinic		OSB Debtor-Creditor Section Bankruptcy Clinic
	Domestic Violence Project		Legal Aid Night Clinic
	Pro Se Assistance Project		Senior Law Project
	Pro Se Assistance Project (Facilitation)		Low Income Taxpayer Clinic
	ProBonoOregon Listserv		

Attorneys are occasionally needed to accept **direct referral** cases or to **mentor** a less-experienced attorney on a case. If you are interested in accepting direct referral cases or mentoring an attorney, please choose from the areas listed below:

	I would like to take <b>direct referral</b> cases		I would like to be a <b>mentor</b> (please note how much experience you have)
	Bankruptcy		Housing, Landlord/Tenant
	Consumer		Public benefits, Social Security
	Elder law, probate, wills		Real Property
	Employment		Tax
	Family		Unemployment Compensation
	Foreclosure prevention		

	I am willing to do home visits for disabled clients who cannot travel
	I am willing to volunteer to serve clients in Washington County
	I am willing to volunteer to serve clients in Clackamas County

I will inform LASO if my OSB status changes or if I am convicted of any crime.

Date		Signature	
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**Please return this form to:**

**Jill Mallery or Erin White  
 Legal Aid Services of Oregon  
 520 SW Sixth Avenue, Suite 700  
 Portland, OR 97204 Fax: 503-295-9496**

**If you have any questions, contact us at 503-224-4086 or [probono@lasoregon.org](mailto:probono@lasoregon.org)**

*Thank you for your generous support of our pro bono programs!*

For Internal Use Only

Initial Email	
NVO	
Post NVO Email	
LS Entry	