

**VOLUNTEER LAWYERS' PROJECT
FOR THE SOUTHERN DISTRICT OF FLORIDA**

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REGISTRATION FORM

Florida Bar Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Do you want to receive updates on available cases via e-mail? Yes No

Telephone Number: _____ Fax Number: _____

Does your practice include litigation? Yes No

Foreign Languages Spoken: _____

Legal Specialties: _____

I will participate in the Volunteer Lawyers' Project in the following way(s): (Check all that apply.)

- I will accept a case. **Please indicate the areas of law.**
- I am willing to screen cases for referral to other attorneys. **Please indicate the areas of**

law.

- I would like to be a mentor on a case. **Please indicate the areas of law.**
- I would like to prepare forms, handbooks or seminar materials to be used by *pro bono* attorneys. **Please indicate the areas of law.**
- I am opting to “buy out” by contributing \$350 to the Volunteer Lawyers’ Project. My check is enclosed.

Areas of Law:

Priority Areas:

- Employment
 - ADA
 - ADEA
 - Sexual Harassment
 - Race
 - Gender
- Prisoner Civil Rights (§ 1983)
 - Excessive Force
 - Medical Deliberate Indifference

Other Areas:

- Admiralty
- Appellate
- Bankruptcy
- Civil Forfeiture
- Civil Rights
- Civil RICO
- Contract
- ERISA
- FOIA
- Immigration
- Intellectual Property
- Labor
- Mediation
- Personal Injury/Products Liability
- Social Security

Please send this completed form to Bethell Forbes at the Project along with your check (if applicable) made payable to the: **Volunteer Lawyers’ Project.**