

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

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**REGISTRATION FORM**

Florida Bar Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm 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. My \$25 dues check is enclosed. **Please indicate the areas of law.**
- I am willing to screen cases for referral to other attorneys. My \$25 dues check is enclosed. **Please indicate the areas of law.**

- I would like to be a mentor on a case. My \$25 dues check is enclosed. **Please indicate the areas of law.**
- I would like to prepare forms, handbooks or seminar materials to be used by *pro bono* attorneys. My \$25 dues check is enclosed. **Please indicate the areas of law.**
- I am opting to "buy out" by contributing \$350 to the Volunteer Lawyers' Project along with my \$25 dues. 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 form to the Project along with your check made payable to the: **Volunteer Lawyers' Project**