



## PRO BONO DV LEGAL REPRESENTATION PROGRAM

### VOLUNTEER ATTORNEY INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Attorney Identification Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (voice) \_\_\_\_\_ (fax) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Year Admitted to Practice (NJ) \_\_\_\_\_

New Jersey County(ies) and Courts in which you would be willing to accept a case:  
(check all that apply):

Essex \_\_\_\_\_ Morris \_\_\_\_\_ Sussex \_\_\_\_\_ Union \_\_\_\_\_ Hudson \_\_\_\_\_  
Passaic: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ (initial) *I agree to accept a referral of at least one (1) pro bono case during the next 12 months.*

**PLEASE EMAIL THE COMPLETED FORM TO  
[THALPERN@JFSMETROWEST.ORG](mailto:THALPERN@JFSMETROWEST.ORG) OR [MFRANK@JFSMETROWEST.ORG](mailto:MFRANK@JFSMETROWEST.ORG)**

