



LSNF Volunteer Application Form

Print Name: _____

Firm: _____ Fla. Bar No: _____

Address: _____ County _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

SELECT YOUR ACTIVITY FROM ONE OF THE FOLLOWING THREE CHOICES

1. **CASE WORK:** I will accept cases in the following area(s):

<p>Family Law</p> <ul style="list-style-type: none"><input type="checkbox"/> Dissolution of Marriage<input type="checkbox"/> Post Judgment Custody and Support<input type="checkbox"/> Guardianship of Adult or Minor Child<input type="checkbox"/> Guardianship for Seniors<input type="checkbox"/> Injunction Hearings	<p>Housing Law</p> <ul style="list-style-type: none"><input type="checkbox"/> Eviction Defense<input type="checkbox"/> Mortgage Foreclosure<input type="checkbox"/> Landlord/Tenant
<p>Consumer Law</p> <ul style="list-style-type: none"><input type="checkbox"/> Bankruptcy - Chapter 7<input type="checkbox"/> Bankruptcy - Chapter 13<input type="checkbox"/> Car Repossessions, Deficiency Judgement<input type="checkbox"/> Car Repairs<input type="checkbox"/> Contracts/Warranties<input type="checkbox"/> Debt Collection Problems / Garnishment	<p>Other Areas of Law</p> <ul style="list-style-type: none"><input type="checkbox"/> Unemployment Compensation/Wage Claims<input type="checkbox"/> Wills/Estate/Probate<input type="checkbox"/> Homeownership/Real Property<input type="checkbox"/> Education - Special, Expulsions<input type="checkbox"/> Appeals - State, Federal (Administrative)<input type="checkbox"/> Juvenile - Neglected/Dependent<input type="checkbox"/> Adoptions<input type="checkbox"/> List Other (eg SSI) _____

2. **CONTRIBUTION:** I will contribute up to \$350 or more. My check is enclosed if I forgot to renew or join the Partners In Service program this year.

3. **PROJECTS:** I will participate in the following project. (Preference will be given to government and corporate attorneys. Projects have limited enrollment and special requirements. Please read the enclosed description before making your selection.)

<ul style="list-style-type: none"><input type="checkbox"/> Telephone Legal Advice Hotline (2nd Cir.)<input type="checkbox"/> Senior Center Legal Clinic (2nd Cir.)<input type="checkbox"/> Small Claims Advice Clinic (2nd Cir.)<input type="checkbox"/> Expert Legal Panel _____(expertise)<input type="checkbox"/> First Saturday Clinic (14th Cir.)	<ul style="list-style-type: none"><input type="checkbox"/> Evening Legal Clinic (2nd Cir.)<input type="checkbox"/> Homeless Clinic (2nd Cir.)<input type="checkbox"/> Neighborhood Justice Center Panel (2nd Cir.)<input type="checkbox"/> Attorney Mediation Assistance Project (2nd Cir.)<input type="checkbox"/> Domestic Violence Panel (1st, 2nd, 14th Cir.)
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PLEASE RETURN AS SOON AS POSSIBLE TO : 2119 DELTA BLVD, TALLAHASSEE, FL -32303 OR FAX (850)385-7603

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.