

Pro Bono Attorney Application

Thank you for your interest in partnering with us and joining our Pro Bono Attorney Panel. Please download and save this form to your computer. Fill out this form using Adobe Acrobat and press the email button at the top of this page to send this form electronically or print out this form, fill it out, and fax it back to 858-277-1351. Your support will be greatly appreciated and will directly benefit our children.

ATTORNEY INFORMATION

First Name

Last Name

Firm Name (for Organization/Company)

Phone

Email

Address

City

State

Zip

List any State Bar disciplinary complaints against you and provide an explanation

PRO BONO SERVICES

Practice Areas:

Pro Bono Service Restrictions:

TERMS OF PRO BONO SERVICES

Resume attached.

I am an active licensed attorney with The State Bar of California.

I agree to complete a CLS training on juvenile dependency to understand the background and needs of NMD clients.

I agree to hold all client and case matters in the strictest confidence and shall protect the attorney-client relationship.

I understand and agree that my legal services will be rendered free of any charge to NMDs referred by Children's Legal Services of San Diego.

I agree to maintain malpractice insurance necessary for the pro bono services I will render to NMD clients.

I agree to keep CLS informed of the referral status and case developments, as authorized by the client.

I understand that CLS is only a referral source for NMDs. I agree to hold CLS harmless from any liability resulting from the NMD referral process or attorney client relationship formed with the NMD.

Signature

Date