

HAVE YOU FULFILLED YOUR FLORIDA BAR PRO BONO REPORTING **REOUIREMENT? ***

2025 LAWYER & LAW FIRM REGISTRATION

		Bar Number:	
		Contact:	
Zip:	E-mail:		
Cell:		_ Website:	
		I <u></u>	Contact: Zip: E-mail:

*FLORIDA BAR RULE 4-6.1(d) REQUIRES MEMBERS OF THE BAR TO REPORT ANNUALY WHETHER THEY HAVE SATISFIED THEIR PROFESSIONAL RESPONSIBILITY TO PROVIDE PRO BONO LEGAL SERVICES TO THE POOR.

CASE ACCEPTANCE

YES! I/WE WILL ACCEPT A CASE(S) (PLEASE CIRCLE ALL THAT APPLY) FAMILY: ADOPTION, DISSOLUTION OF MARRIAGE (CONTESTED OR UCD), PATERNITY, NAME CHANGE, DOMESTIC VIOLENCE, RELATIVE CUSTODY, TIME-SHARING **GUARDIAN AD LITEM:** CUSTODY, DOMESTIC VIOLENCE, DEPENDENCY, PROBATE, IMMIGRATION CHILD ADVOCACY: ATTORNEY AD LITEM, FOSTER YOUTH, TEEN ADVOCACY, HUMAN TRAFFICKING CONSUMER: BANKRUPTCY (7, 13), COLLECTION, CONTRACTS, GENERAL CIVIL, INSURANCE, UNFAIR SALES **PROBATE:** GUARDIANSHIP, PROBATE ADMINISTRATION, WILL DRAFTING HOUSING: DEEDS, LANDLORD / TENANT, LIENS, FORECLOSURE DEFENSE, ZONING **OTHER:** APPEALS, IMMIGRATION, IMPACT LITIGATION, PATENT, NON-PROFITS, VETERANS, VENTURE LAW, VOLUNTEER LAWYERS FOR THE ARTS, OTHER

"BUY IN" CONTRIBUTIONS

YES! I/We will make a tax-deductible donation in the amount of: \$350.00 per attorney.

***SUGGESTED \$350 BUY-IN SATISFIES RULE 4-6.1(d)**

YES! I/We will make an additional firm contribution in the amount of:

_\$10,000 __\$5,000 __\$2,500 __\$1,000 __\$750 __\$500 __\$250 Other

Please Attach List of Attorneys, Bar Numbers & Email Addresses

Please mail this form and return with your check payable to:

Dade Legal Aid

28 West Flagler Street, Suite 608, Miami, FL 33130

_____ Exp. _____

TO PAY BY CREDIT CARD PLEASE FILL INFORMATION BELOW (PLEASE NOTE WE ONLY ACCEPT VISA AND MASTERCARD)

MC/VISA

Card Holder Name:

Billing Address and Zip Code:

Payment Amount: \$______ Security Numbers (On Back of Card):

Signature: _

We need your help NOW more than ever to continue serving clients in critical need! Please consider accepting cases and contributing financially!

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