



**Dade Legal Aid**  
Put Something Back  
Est. 1949

## 2022 LAWYER & LAW FIRM REGISTRATION

HAVE YOU FULFILLED YOUR FLORIDA BAR PRO BONO REPORTING REQUIREMENT? \*

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Website: \_\_\_\_\_

Law firms, Please Attach List of Attorneys, Bar Numbers & Email Addresses.

**\*FLORIDA BAR RULE 4-6.1(d) REQUIRES MEMBERS OF THE BAR TO REPORT ANNUALLY 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 PROJECT:** Divorce (Cont. or UCD), Custody, Adoption, Paternity, Name Change, Dom. Viol.

**GUARDIAN AD LITEM (GAL):** Cont. Custody, Dom. Violence, Dependency, Probate, Immigration

**CHILDREN'S PROJECT:** Dependency, Foster Youth, Teen Advocacy, Human Trafficking, Guardianship

**CONSUMER PROJECT:** Bankruptcy (7, 13), Collection, Contracts, Gen. Civil, Insurance, Unfair Sales

**PROBATE PROJECT:** Guardianship, Probate Administration, Probate Litigation, Will Drafting

**HOUSING PROJECT:** Deeds, Landlord/Tenant, Liens, Mortgage Foreclosure Defense, Zoning

**OTHER PROJECTS:** Appeals, Artists, COVID-19, Expungement, Immigration, Impact, Patent  
Non-Profits, Veterans, Venture Law, Other \_\_\_\_\_

### "BUY IN" CONTRIBUTIONS:

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

     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 \_\_\_\_\_

***\*SUGGESTED \$350 BUY-IN OR 20 HOURS PRO BONO PER ATTORNEY SATISFIES RULE 4-6.1(d)***

Please mail your check payable to:

LEGAL AID

123 N.W. 1 Avenue

Miami, FL 33128

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

MC/VISA# \_\_\_\_\_ Exp. \_\_\_\_\_

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

[WWW.DADELEGALAID.ORG](http://WWW.DADELEGALAID.ORG)