



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

## 2023 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: \_\_\_\_\_

**\*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:** DIVORCE (CONTESTED or UCD), CUSTODY, ADOPTION, PATERNITY, NAME CHANGE, DOM. VIOLENCE

**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

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