

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

2024 LAWYER & LAW FIRM REGISTRATION

Name:	Bar Number:			
Firm/Company:				
City:	Zip:	E-mail:	Contact:	
Phone:	Cell:		Website: FINE BAR TO REPORT ANNUALY WHETHER THEY HAV	
			THE BAR TO REPORT ANNUALY WHETHER THEY HAVE PROVIDE PRO BONO LEGAL SERVICES TO THE POOR.	Ξ
		CASE ACC	<u>CEPTANCE</u>	
YES! I/WE WILL AC	CCEPT A CASE(S)	(PLEASE CIRCLE	E ALL THAT APPLY)	
FAMILY: ADOPTION, DI	SSOLUTION OF N	√ARRIAGE (CO	NTESTED or UCD), PATERNITY, NAME CHANGE,	
DOMESTIC VIOLENCE, F	RELATIVE CUSTO	DY, TIME-SHAR	ING	
GUARDIAN AD LITEM:	CUSTODY, DOM	ESTIC VIOLENC	E, DEPENDENCY, PROBATE, IMMIGRATION	
CHILD ADVOCACY: AT	TORNEY AD LITE	M, FOSTER YO	UTH, TEEN ADVOCACY, HUMAN TRAFFICKING	
CONSUMER: BANKRU	PTCY (7, 13), C	OLLECTION, C	ONTRACTS, GENERAL CIVIL, INSURANCE, UNFAIR S	ALES
PROBATE: GUARDIANS	SHIP, PROBATE A	DMINISTRATIO	N, WILL DRAFTING	
HOUSING: DEEDS, LAN	IDLORD / TENAN	T, LIENS, FORE	CLOSURE DEFENSE, ZONING	
OTHER: APPEALS, IMM	1IGRATION, IMPA	ACT LITIGATION	I, PATENT, NON-PROFITS, VETERANS, VENTURE LAV	Ν,
VOLUNTEER LAWYERS FOR THE ARTS, OTHER				
		"DIIV IN? CO	NIPDIDITIONS	
۷۲۲ ۱/Wo will ma			NTRIBUTIONS the amount of: \$350.00 per attorney.	
fE3! I/ WE WIII IIId			N SATISFIES RULE 4-6.1(d)	
VFSLI/We will ma			on in the amount of:	
			750 \$500\$250 Other	
, ,			Bar Numbers & Email Addresses	
Dla	oggo mail this f	form and rati	ırn with your check payable to:	
110	ase man tins i		egal Aid	
	28 West F		iuite 608, Miami, FL 33130	
			LOW (PLEASE NOTE WE ONLY ACCEPT VISA AND MASTERCA	•
			Exp	
Billing Address and Zip Co	 ode:			
Diming / tour coo arra 2.p oc	, de			
Payment Amount: \$		S	ecurity Numbers (On Back of Card):	
Signature:				
We need yo	ur help NOW m	ore than ever	to continue serving clients in critical need!	
	Please consider	accepting cas	es and contributing financially!	

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