



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

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

**2025 LAWYER & LAW FIRM REGISTRATION**

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:** ADOPTION, DISSOLUTION OF MARRIAGE (CONTESTED OR UCD), PATERNITY, NAME CHANGE, DOMESTIC VIOLENCE, RELATIVE CUSTODY, TIME-SHARING, OTHER \_\_\_\_\_

**GUARDIAN AD LITEM:** FAMILY, DOMESTIC VIOLENCE, DEPENDENCY, PROBATE, OTHER \_\_\_\_\_

**CHILD ADVOCACY:** ATTORNEY AD LITEM, FOSTER YOUTH, TEEN ADVOCACY, HUMAN TRAFFICKING

**CONSUMER:** BANKRUPTCY CHAPTER 7 OR 13, COLLECTION, UNFAIR SALES, SMALL CLAIMS

**GENERAL CIVIL:** CONTRACTS, WARRANTIES, INSURANCE DEFENSE, WAGE CLAIMS, OTHER \_\_\_\_\_

**PROBATE:** GUARDIANSHIP, PROBATE ADMINISTRATION, WILL DRAFTING, POWER OF ATTORNEY, OTHER \_\_\_\_\_

**HOUSING:** DEEDS, LANDLORD/TENANT, LIENS, FORECLOSURE DEFENSE, ZONING, OTHER \_\_\_\_\_

**OTHER:** APPEALS, IMMIGRATION, IMPACT LITIGATION, NON-PROFITS, PATENT, 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 mail this form and return along with a list of attorneys, bar numbers and email addresses, 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**