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



2025 LAWYER & LAW FIRM REGISTRATION

Name:	Bar Number:				
Address: Contact:					
City:	Zip:	E-mail:			
Phone:	Cell:	\	Website:		
	• • •				SATISFIED THEIR PROFESSIONAL SE FULFILLS THE REQUIREMENT.
		CASE ACCE	PTANCE		
YES! I/WE WI	LL ACCEPT A CASE(S) (F	PLEASE CIRCLE AL	L THAT APPLY)		
FAMILY: ADOPTION	N, DIVORCE (CONTESTE	ED OR UCD), PAT	ERNITY, NAME CH	ANGE, C	USTODY, DOMESTIC
VIOLENCE, TIME-SH	HARING, OTHER				
GUARDIAN AD LITE	M: FAMILY, DOMESTI	C VIOLENCE, DEP	ENDENCY, PROBA	TE, OTH	ER
CHILD ADVOCACY:	ATTORNEY AD LITEM	I, FOSTER YOUTH	, TEEN ADVOCACY	, HUMA	N TRAFFICKING
CONSUMER: BAN	KRUPTCY CHAPTER 7 C	OR 13, COLLECTIO	N, UNFAIR SALES,	SMALL (CLAIMS
GENERAL CIVIL: CO	ONTRACTS, WARRANTI	ES, INSURANCE [DEFENSE, WAGE CL	AIMS, C	THER
PROBATE: GUARD	IANSHIP, PROBATE AD	MINISTRATION, \	WILL DRAFTING, PC	WER O	ATTORNEY, OTHER
HOUSING: DEEDS,	LANDLORD/TENANT, L	IENS, FORECLOSI	JRE DEFENSE, ZON	ING, OT	HER
OTHER: APPEALS,	IMMIGRATION, NON-P	ROFITS, PATENT,	VETERANS, VENTU	JRE LAW	, VOLUNTEER LAWYERS
FOR THE ARTS, OTI	HER				
		BUY IN" CONT			
YES! I/We w	 ill make a tax-deductik			\$350	.00 per attorney.
	ill make an additional				·
Plea	se mail this form and i e Legal Aid 28 West Fla	return with your	check payable to:		Debut spel Act
	ARD PLEASE COMPLETE BI	•		ERCARD) Exp	Save time renew online
Billing Address and 2	Zip Code:				-
Payment Amount: \$;	Secu	rity Numbers (On Bad	ck of Card	d):
Signature:					
We need	d your help NOW mo Please consider a		_	-	

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