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:
	(d) REQUIRES MEMBERS OF THE BAR TO REPORT ANNUALY WHETHER THEY HAVE SATISFIED THEIR PROFESSIONAL TIDE PRO BONO LEGAL SERVICES TO THE POOR. DONATING \$350 OR TAKING A CASE FULFILLS THE REQUIREMENT.
	CASE ACCEPTANCE
YES! I/WE WILL ACCEPT A CASE(S) (PLEASE CIRCLE ALL THAT APPLY)	
FAMILY: ADOPTION, D	IVORCE (CONTESTED OR UCD), PATERNITY, NAME CHANGE, CUSTODY, DOMESTIC
VIOLENCE, TIME-SHAR	NG, OTHER
GUARDIAN AD LITEM:	FAMILY, DOMESTIC VIOLENCE, DEPENDENCY, PROBATE, OTHER
CHILD ADVOCACY: A	TORNEY AD LITEM, FOSTER YOUTH, TEEN ADVOCACY, HUMAN TRAFFICKING
CONSUMER: BANKRU	PTCY CHAPTER 7 OR 13, COLLECTION, UNFAIR SALES, SMALL CLAIMS
GENERAL CIVIL: CONT	RACTS, WARRANTIES, INSURANCE DEFENSE, WAGE CLAIMS, OTHER
PROBATE: GUARDIAN	SHIP, PROBATE ADMINISTRATION, WILL DRAFTING, POWER OF ATTORNEY, OTHER
	DLORD/TENANT, LIENS, FORECLOSURE DEFENSE, ZONING, OTHER
,	IIGRATION, NON-PROFITS, PATENT, VETERANS, VENTURE LAW, VOLUNTEER LAWYERS
,	
, -	"BUY IN" CONTRIBUTIONS
VESLI/Ma will r	ake a tax-deductible donation in the amount of: \$350.00 per attorney.
	ake an additional firm contribution in the amount of:
	nail this form and return with your check payable to: gal Aid 28 West Flagler Street, Suite 608, Miami, FL 33130
	PLEASE COMPLETE BELOW (WE ONLY ACCEPT VISA AND MASTERCARD) Exp. Save time renew online
Billing Address and Zip (ode:
Payment Amount: \$	Security Numbers (On Back of Card):
· / · · · · · · · · · · · · · · · · · ·	/

WWW.DADELEGALAID.ORG