

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



Dade Legal Aid
Put Something Back
Est. 1949

2026 LAWYER AND LAW FIRM REGISTRATION FORM

We need your help now more than ever to continue serving clients in critical need.

Please consider taking a case today!

Full Name: Bar Number:

Firm: Website:

Firm Address: City:

Zip Code: Cell: Office Number:

E-Mail: Languages Spoken:

*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. DONATING \$350 OR TAKING A CASE FULFILLS THE REQUIREMENT.

CASE ACCEPTANCE

YES! I/WE WILL ACCEPT A CASE(S) (PLEASE CIRCLE ALL AREAS OF LAW THAT APPLY).

CONSUMER/FINANCE

*Bankruptcy, Contracts, Collections,
Deceptive Sales, Garnishment,
General Civil, Litigation*

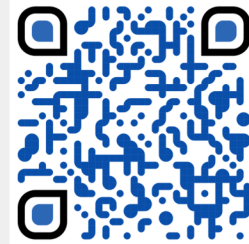
FAMILY/CHILDREN

*Divorce, Dependency, GAL, Paternity,
Domestic Violence, Name Change,
Modifications/Enforcement*

HEALTH/BENEFITS

*SSI, Disability, Medicare/Medicaid,
Insurance Benefits, Veterans, Health*

IF YOU WOULD LIKE TO COMPLETE THIS
FORM ONLINE, PLEASE SCAN HERE



OR VISIT OUR WEBSITE AT
DADELEGALAID.ORG/ATTORNEYS/.

HOUSING/REAL PROPERTY

*Eviction, Foreclosure Defense, Liens,
Partitions, Homeowner Associations,
Deeds, Litigation*

PROBATE/ELDER LAW

*Wills, Probate Administration,
Litigation, Power of Attorney, Tax,
Elder, Minor Settlements*

VENTURE LAW

*Contracts, 501c3, Incorporation,
Patent, Copyright, Trademark*

OTHER AREAS OF EXPERTISE (PLEASE SPECIFY):

“BUY IN” CONTRIBUTIONS

YES! I/We will make a tax-deductible donation in the amount of: ____ \$350.00 per attorney.

YES! I/We will make an additional firm contribution in the amount of: _____.

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 COMPLETE THE FORM BELOW (WE ONLY ACCEPT VISA AND MASTERCARD).

MC/VISA (ONLY): EXP: CVV:

Cardholder Name: Payment Amount:

Billing Address/ Zip Code:

Signature: _____ Date: _____