

*Fifth Judicial District  
Pro Bono Action Now Program*

Your name \_\_\_\_\_ Your phone \_\_\_\_\_

I have participated in the following Pro Bono Programs since April 2006:

**1) Onondaga County Bar Association Programs** (OCBA can help you with dates for these)

**Tel Law**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

I provided counsel on the following legal issues

**Westcott Clinic**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

I provided counsel on the following legal issues

**Brown Memorial Clinic**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

I provided counsel on the following legal issues

**Southwest Clinic**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

I provided counsel on the following legal issues

**Landlord and Tenant Eviction Court**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates:

**Pro Se Divorce Clinic**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

**2) Franciscan Legal Referral Clinic** (Walk-in clinic at 804 N. Salina)

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates

I provided counsel on the following legal issues

**3) Court Referred Pro Bono {NO criminal matters}**

**Representation: if you want malpractice and CLE credit**, you must get a written referral from the 5<sup>th</sup> District Program Pro Bono Coordinator prior to or during your representation (call 703-6500 or email [staff@5thDistrictProBono.org](mailto:staff@5thDistrictProBono.org) ).

\_\_\_ YES – I did provide pro bono representation that was not referred by the 5<sup>th</sup> District Program. Please contact me regarding any CLE credit I may be entitled to.

**Small Claims Court Arbitration**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates:

**4) The Women's Bar Association**

**Vera House Clinic**

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates:

I provided counsel on the following legal issues:

**5) The Consumer Law Clinic** (Legal Aid Society of Mid NY can give you your time. Call 475-3127)

\_\_\_ YES - I provided a total of \_\_\_ hours on the following dates:

I provided counsel on the following legal issues:

**6) Other Program or Client that might qualify as Pro Bono but which is not listed above**

\_\_\_ YES - I provided legal services to the following program or person

I provided a total of \_\_\_ hours of legal assistance to this program or person.

\_\_\_ Please contact me regarding any CLE credit I may be entitled to.

**We need your input in developing future pro bono programs throughout the 5<sup>th</sup> Judicial District. Your answers to the following questions will help us with that.**

Narrative for rewarding or interesting or meaningful client encounters:

While serving the \_\_\_\_\_ Program or a client listed above, I

Can we share the above narrative of your pro bono experience with (please check all that apply):

The Unified Court System which provides our funding?

Other lawyer volunteers?

Our website?

If so, can we use your name  YES or  NO

Do you prefer to participate (check all that apply):

in a clinic setting?  directly representing clients?  mentoring less experienced attorneys?

other? (*specify*) \_\_\_\_\_

Are you willing to travel to other counties in the 5<sup>th</sup> Judicial District, on occasion, to provide needed pro bono legal assistance?  Yes  No

What do you find to be the most challenging aspect of being a pro bono volunteer?

What do find to be the most rewarding aspect of being a pro bono volunteer?

What can we do to improve our program to recruit and retain volunteer attorneys such as yourself?

**THANK YOU FOR YOUR PRO BONO SERVICE.**

*Fifth Judicial District*

*Pro Bono Action Now Program*

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**Syracuse, New York 13202**

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**staff@5thDistrictProBono.org**