

**SCBA VOLUNTEER LAWYERS PROGRAM  
PRO BONO COMMITMENT SIGN-UP**

Name: \_\_\_\_\_ WSBA #: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check all boxes that apply:**

1. I would like to volunteer for the following activities in:

**a. FAMILY LAW** (60-70% of VLP clients have family law issues)

- 1. Give occasional advice at the Family Law Advice & Consultation Clinics (FLAC)
- 2. Give occasional advice at the Divorce Advice Clinic (DAC)
- 3. Give occasional advise to pro se litigants at Status Conference (SCAC)

**Direct Representation, at least one case per year in:**

- Dissolution/Legal Separation
- Paternity
- Parenting Plans
- Child Relocation
- Parenting Plan Modification
- Non-Parental Visitation/Custody
- Child Support Modification
- Contempt of Court

**b. CONSUMER/BANKRUPTCY** (20% of VLP clients have consumer/bankruptcy law issues)

- 1.  Provide information and screen cases at the Bankruptcy Information Clinic (BIC)
- 2.  Provide direct representation in Chapter 7 bankruptcy cases.
- 3.  Provide direct representation in contract, collection, repossessions, etc.

**c. HOUSING JUSTICE PROGRAM (HJP)**

- 1.  Fill in on an occasional basis at Unlawful Detainer civil proceedings
- 2.  Provide direct representation in landlord/tenant cases

2. I would like to: **provide direct representation in** and/or *give clients* legal advice in the following areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Guardianships   | <input type="checkbox"/> Wills/Probate                        |
| <input type="checkbox"/> Contracts/Warranties  | <input type="checkbox"/> Non-profit organization              |
| <input type="checkbox"/> DSHS/Public Assistance<br>(Food Stamps, Medicare, Medicaid) | <input type="checkbox"/> Professional License Revocations     |
| <input type="checkbox"/> K-12 Education/School Issues                                | <input type="checkbox"/> Real Estate/Homeownership            |
| <input type="checkbox"/> House Foreclosure   | <input type="checkbox"/> Social Security Denials/Overpayments |
| <input type="checkbox"/> Employment  | <input type="checkbox"/> Traffic/License Revocation           |
|  | <input type="checkbox"/> Other _____                          |

3. I would like to:

- Serve as a mentor to a new attorney working on pro bono case(s) in the following area(s) of law:  
\_\_\_\_\_
- Have an experienced attorney mentor me through my first pro bono case(s) in the following area(s) of law  
\_\_\_\_\_

4. I would like to:  Work on the SCBA Holiday Benefit Auction  Other \_\_\_\_\_  
 Donate to the SCBA Holiday Benefit Auction

**RETURN TO: VLP, 1704 W. Broadway, Spokane, WA 99201 or fax to: 232-3051 or email: jsmith@spokanebar.org**