



ATTORNEY VOLUNTEER FORM

Thank you for your interest in volunteering with the North Suburban Legal Aid Clinic.

Please complete this form and email to info@nslegalaid.org

First Name _____
Last Name _____
Address _____
Phone _____
Email _____

Firm information (if applicable)

Name _____
Address _____
Malpractice _____
Insurance _____

Please send mail to:

Home Address Firm Address

I am a:

Lawyer Law Student Paralegal

ARDC Number (Active,
Inactive, Retired) _____
Law School & Graduation
Year _____

Areas of Practice: _____

In which of the Clinic's practice areas would you like to volunteer?:

Immigration

Housing

Domestic Violence

Immigration:

DACA Applications

Citizenship Applications

Family Based Visas

U Visas/ VAWA

Waivers

Deportation/Removal

Asylum/Refugee

Other _____

Domestic Violence:

Emergency Orders of Protection

Plenary Orders of Protection

Other _____

Family:

Custody/ Visitation

Child/ Spousal Support

Paternity

Other _____

Property/ Person:

Guardianship of Minor

Guardianship of Disabled Adult

Wills/ Advanced Directives

Power of Attorney

Other _____

Housing:

Evictions and Lock-Outs

Other Landlord-Tenant Matters

Other _____

Are you fluent in a language besides English?

Yes, _____ No

Are you able to appear in court?

Yes No

How many hours/month can you commit: _____ hrs/month

Is there anything else that will help us understand your interests and/or skills?:

Signature _____

Date _____