



**VOLUNTEER ATTORNEY PROGRAM
REGISTRATION FORM**

Please fill out the form below to register for the Volunteer Attorney Program:

First Name _____ Last Name _____
 Address _____
 City _____ State _____
 Zip Code _____ Phone Number _____
 Fax # _____ E-mail address _____

I am willing to accept pro bono referrals in the following areas of law:

CONSUMER

- Bankruptcy
- Collection
- Contract/Warranties
- Unfair Sale Practices

HOUSING

- Landlord/Tenant
- Public/Subsidized Housing
- Real Property
- Foreclosure Defense

DISABILITY

- Special Education
- Guardianship
- Discrimination

FAMILY

- Family Offense/Orders of Protection
- Child Custody
- Support (Child/Spousal)
- Adoption

HEALTH AND PUBLIC BENEFITS

- Medicaid
- Health/Life Insurance
- SSI/SSD

MISCELLANEOUS

- Wills/Probate
- Employment Law
- Tax Matters
- Other (Please specify)
- Elder Law

MATRIMONIAL

- Divorce
- QDRO's
- Post Judgment Relief/Enforcement

I am willing to accept pro bono referrals in the following counties:

- WESTCHESTER ORANGE ROCKLAND ULSTER
 PUTNAM DUTCHESS SULLIVAN

Foreign Language Skills _____

Have you ever had your license to practice law suspended or been found guilty of malpractice? _____
 *(if yes, please explain on back of page)

ATTORNEY SIGNATURE _____

PLEASE RETURN TO: **ERIN GUVEN** at **LEGAL SERVICES OF THE HUDSON VALLEY**,
4 CROMWELL PLACE, WHITE PLAINS, NY 10601
TEL: 914-949-1305, ext. 116; FAX: 914-949-6213 E-MAIL: EGUVEN@LSHV.ORG