

# Albany County Bar Association Pro Bono Services Registration Form

This form will be used to report Pro Bono services provided by Albany area attorneys. We also would like the information for evaluating pro bono needs and program development.

While individuals are encouraged to volunteer for many community activities, this report is to ascertain hours of donated legal services to the indigent, in accordance with the ACBA's definition of pro bono: a) the direct provision of legal services to the poor, without an expectation of compensation; b) uncompensated service related to simplifying the legal process for, or increasing the availability or quality of legal services to, poor persons; c) uncompensated legal services rendered to charitable, public interest organizations with respect to matters or projects designed predominantly to address the needs of poor persons; and d) uncompensated legislative, administrative or systems advocacy services provided on behalf of poor persons.

## PLEASE CHECK:

- Amount of time (hours) that you could devote to Pro Bono in a year.
- I will/would like to provide Pro Bono legal services for clients through the following sources:

Please indicate with a "T" areas that you would like to receive training in, or mark with a "P" areas that you would be willing or able to do pro bono work in.

## CHARITABLE - NOT FOR PROFIT

- Education (including placement or suspension)
- Not-for-Profit Incorporation
- Other (Specify) \_\_\_\_\_

## FAMILY

- Divorce/Separation/Annulment
- Custody/Visitation
- Guardianship/Conservatorship
- Adoptions
- Paternity
- Support
- Spouse Abuse

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Law Firm or Affiliation

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Professional Liability Carrier and Policy Number (required)

## PLEASE CHECK ASSOCIATIONS YOU WILL PROVIDE SERVICES FOR:

- Albany County Bar Association
- Legal Aid Society of Northeastern New York, Inc.
- Capital District Women's Bar Association
- Other (Please explain)

## CONSUMER

- Insolvency/Bankruptcy
- Collections (Including repossession, deficiency, garnishment)
- Loans Installment purchases

## HEALTH

- Medicaid
- Medicare

## HOUSING

- Landlord/Tenant
- Real Property (including foreclosure)

## INCOME MAINTENANCE

- Unemployment Compensation
- Social Security/SSI
- Veterans Benefits

\_\_\_\_\_  
Signature

Please return your completed form to the Albany County Bar Association,  
The Stedman House, 1 Lodge Street, 2<sup>nd</sup> Fl., Albany, NY 12207  
Please contact Siobhan Blank, 445-7691 or [sblank@albanycountybar.com](mailto:sblank@albanycountybar.com).