



COMMUNITY LAW PROGRAM, INC.

501 First Ave. N., Suite 519, St. Petersburg, FL 33701

Phone 727- 582-7480 Email:clp@lawprogram.org Fax 727-582-7267

Name: _____ Phone: _____

Firm Name: _____ Fax: _____

Address: _____

City/State/Zip: _____

Email address: _____

FL Bar # _____ Year admitted: _____ Foreign Language: _____

Areas of Practice: _____

Yes! I am willing to accept pro bono cases in these areas

- | | |
|---|--|
| _____ Attorney for Young Adult
Formerly in Foster Care | _____ Mortgage Foreclosure Defense |
| _____ Bankruptcy | _____ Probate |
| _____ Consumer Law | _____ SSI/SSDI Cessation Appeals |
| _____ Domestic Violence Injunctions | _____ Transactional Assistance to Non-profits (e.g.,
formation, 501©(3) apps, contract drafting/review) |
| _____ Expungement/Sealing of Records | _____ Unemployment Appeals |
| _____ Family Law | _____ Wills/Advance Directives |
| _____ Guardianships | _____ Other _____ |
| _____ Housing/Landlord-Tenant | |

Please check all Clinics for which you would be willing to volunteer

- ___ **2nd & 4th Tuesdays** (1:00 p.m. - 3:00 p.m.) Civil Legal Clinic at CLP (e.g. cases involving auto repairs & repossessions, criminal records expunction, non-payment of wages/wage garnishment, etc)
- ___ **3rd Tuesday** (10:00 – 12 noon) Probate Clinic at CLP
- ___ **Wednesdays** (10:00 a.m. – 12 noon) William L. Penrose Family Law Walk-In Clinic at CLP
- ___ **2nd & 4th Thursdays** (12 noon - 1:30 p.m.) Family Law Forms Review Clinic at CLP
- ___ **3rd Thursday** (10:00 a.m. - 12 noon) Dissolution Forms Class at CLP
- ___ **1st Friday** (10:00 a.m. - 12 noon) Elder Law Clinic at the Sunshine Senior Center, 330 - 5th Street North, St. Petersburg, FL
- ___ **1st & 3rd Fridays** (1:00 p.m. - 3:00 p.m.) Housing Clinic at CLP
- ___ **3rd Friday** (10:00 a.m. – 12 noon) Elder Law Clinic at the Gulfport Senior Center, 5501 - 27th Avenue South, Gulfport, FL
- ___ **2nd Friday** (10:00 a.m. – 12 noon) Bankruptcy Clinic at CLP
- ___ **4th Friday** (10:00 a.m. - 12 noon) Civil & Family@ Childs Park YMCA, 691 43rd Street S, St. Pete

Tax Deductible Donation (fill in the appropriate item)

Enclosed is my contribution of _____ \$ 350.00 _____ \$500.00 _____ \$1,000.00 _____ Other \$ _____

Please charge my [] Visa [] MasterCard [] Discover [] American Express

Card #: _____ Exp. _____ CVC: _____

Signature: _____