ATTORNEY VOLUNTEER FORM

NAME ________________________________ TELEPHONE ________________________________

FIRM ________________________________ EMAIL ________________________________

ADDRESS ________________________________________________________________

DATE ________________ ATTONREE ID# ________________________________

SeniorLaw Center provides both full representation to low-income seniors to handle their individual legal problems and limited representation (legal advice, counsel, and information) by phone through its Pennsylvania SeniorLAW Helpline.

Full Representation

_____ Yes, I am interested in providing full representation legal representation to a low-income senior to handle their legal matter (both litigation and transactional matters are available)

Please indicate in what areas you would provide full representation to a senior in need:

☐ Help seniors facing domestic violence and abuse.
☐ Help grandparents raise grandchildren in custody actions.
☐ Advocate for seniors who have been victims of financial exploitation or consumer fraud.
☐ Enable seniors to stay in their homes by helping to fight eviction in landlord/tenant actions.
☐ Help seniors get title to their homes through probate of a small estate.
☐ Help seniors plan for their futures by writing advance planning documents: simple wills, living wills, and/or powers of attorney.
☐ Help seniors straighten out their title with deed transfers; Help homeowners with contractor fraud actions.

Some of our clients are disabled and homebound.
Are you willing to visit clients in their homes? Yes____ No____ If yes, which areas are you willing to visit?

N.E. Phila _____ S. Phila _____ W. Phila. _____ Olney _____ Germantown _____ N. Phila _____
Center City _____ Other ________________________________________________________________
**Limited Representation through Pennsylvania SeniorLAW Helpline**

Yes, I am interested in providing limited representation to Pennsylvania seniors, to provide legal advice, counsel, information and/or referral services through the Pennsylvania SeniorLAW Helpline.

Please indicate the areas of law in which you have experience and expertise to counsel and advise Pennsylvania SeniorLAW Helpline callers. Please check as many as appropriate.

### Torts
- Auto Accidents
- Malpractice
- Other Torts

### Consumer
- Bankruptcy/Credit Problems
- Loans/Debt Collection
- Contracts/Contractor Problems
- Unfair Trade Practices
- Warranties

### Family
- Divorce/Separation
- Custody/Visitation/Support
- Domestic Violence
- Financial Exploitation
- Name Change
- Adoption
- Qualified Domestic Relations Order

### Tax
- Federal
- State
- Local
- Transfer
- Inheritance

### Health
- Medicare and Medigap
- Private Health Insurance
- Nursing Home Issues
- Assisted Living Issues
- Living Wills and Healthcare POA

### Housing
- Landlord/Tenant
- Subsidized Housing
- Utilities
- Mortgage/Foreclosure
- Reverse Mortgages
- Real Estate
- Zoning
- Title issues and Deed transfers
- Code enforcement
- Time Shares
- Mobile Homes
- Real Estate tax sales

### Estates
- Probate
- Guardianships
- Estate Planning
- Joint Ownership
- Wills
- Trusts

### Other
- Life and Auto insurance
- Age discrimination
- Neighbor Disputes
- Immigration Issues
- Driver’s License
- Employment Law
- Criminal Law
- VA Benefits
- Automobile sales and leases
For all volunteers:
I agree that all services provided to SeniorLAW Center clients will be on a pro bono basis ______(initial)
Do you have professional liability insurance? Yes _____ No_____ 
Our professional liability policy covers all volunteers, as secondary coverage to your policy if you have one and as primary coverage if you do not.
Are you presently in good standing to practice law? Yes_____ No____
Are you presently or have you ever been subject to professional disciplinary proceedings? Yes ___ No__
Have you ever been disbarred? Yes_____No_____ 
Have you ever been convicted of a crime? Yes_____ No____
Are you proficient in a foreign language? Yes_____ No______
  If so which language(s) _____________________________________________________________
Do you practice in any counties other than Philadelphia? Yes____ No______
  If so, which: ______________________________________________________________________
How did you hear about SeniorLAW Center? ____________________________________________

Please return the completed form to:

Joanna Jarzebowska, Esq.
Director, Intake, Education, and Pro Bono
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jjarzebowska@seniorlawcenter.org