



SeniorLAW Center

Seeking Justice for Older People

ATTORNEY VOLUNTEER FORM

NAME _____ TELEPHONE _____

FIRM _____ EMAIL _____

ADDRESS _____

DATE _____ ATTORNEY 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

<input type="checkbox"/>	<i>Auto Accidents</i>
<input type="checkbox"/>	<i>Malpractice</i>
<input type="checkbox"/>	<i>Other Torts</i>

Consumer

<input type="checkbox"/>	<i>Bankruptcy/Credit Problems</i>
<input type="checkbox"/>	<i>Loans/ Debt Collection</i>
<input type="checkbox"/>	<i>Contracts/Contractor Problems</i>
<input type="checkbox"/>	<i>Unfair Trade Practices</i>
<input type="checkbox"/>	<i>Warranties</i>

Family

<input type="checkbox"/>	<i>Divorce/ Separation</i>
<input type="checkbox"/>	<i>Custody/Visitation/Support</i>
<input type="checkbox"/>	<i>Domestic Violence</i>
<input type="checkbox"/>	<i>Financial Exploitation</i>
<input type="checkbox"/>	<i>Name Change</i>
<input type="checkbox"/>	<i>Adoption</i>
<input type="checkbox"/>	<i>Qualified Domestic Relations Order</i>

Tax

<input type="checkbox"/>	<i>Federal</i>
<input type="checkbox"/>	<i>State</i>
<input type="checkbox"/>	<i>Local</i>
<input type="checkbox"/>	<i>Transfer</i>
<input type="checkbox"/>	<i>Inheritance</i>

Health

<input type="checkbox"/>	<i>Medicare and Medigap</i>
<input type="checkbox"/>	<i>Private Health Insurance</i>
<input type="checkbox"/>	<i>Nursing Home Issues</i>
<input type="checkbox"/>	<i>Assisted Living Issues</i>
<input type="checkbox"/>	<i>Living Wills and Healthcare POA</i>

Housing

<input type="checkbox"/>	<i>Landlord/ Tenant</i>
<input type="checkbox"/>	<i>Subsidized Housing</i>
<input type="checkbox"/>	<i>Utilities</i>
<input type="checkbox"/>	<i>Mortgage/ Foreclosure</i>
<input type="checkbox"/>	<i>Reverse Mortgages</i>
<input type="checkbox"/>	<i>Real Estate</i>
<input type="checkbox"/>	<i>Zoning</i>
<input type="checkbox"/>	<i>Title issues and Deed transfers</i>
<input type="checkbox"/>	<i>Code enforcement</i>
<input type="checkbox"/>	<i>Time Shares</i>
<input type="checkbox"/>	<i>Mobile Homes</i>
<input type="checkbox"/>	<i>Real Estate tax sales</i>

Estates

<input type="checkbox"/>	<i>Probate</i>
<input type="checkbox"/>	<i>Guardianships</i>
<input type="checkbox"/>	<i>Estate Planning</i>
<input type="checkbox"/>	<i>Joint Ownership</i>
<input type="checkbox"/>	<i>Wills</i>
<input type="checkbox"/>	<i>Trusts</i>

Other

<input type="checkbox"/>	<i>Life and Auto insurance</i>
<input type="checkbox"/>	<i>Age discrimination</i>
<input type="checkbox"/>	<i>Neighbor Disputes</i>
<input type="checkbox"/>	<i>Immigration Issues</i>
<input type="checkbox"/>	<i>Driver's License</i>
<input type="checkbox"/>	<i>Employment Law</i>
<input type="checkbox"/>	<i>Criminal Law</i>
<input type="checkbox"/>	<i>VA Benefits</i>
<input type="checkbox"/>	<i>Automobile sales and leases</i>
<input type="checkbox"/>	
<input type="checkbox"/>	

Helpline volunteers are provided with training and materials before taking calls to advise and counsel senior clients.

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