## LAND OF LINCOLN LEGAL AID PRO BONO PROGRAM

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## PRO BONO PARTICIPATION SIGN-UP

Name:	Firm:	
Address:		
Telephone:	Fax:	
Email:	ARDC#:	
Preferred method of contact:  Phone  Fax  Email		
n		
I am willing to consider representation of _		
Please check only the counties you are willing to serve and only the types of cases you are willing to accept as pro bono referrals from the Northern Regional office of Land of Lincoln Legal Assistance Foundation, Inc.		
☐ Cass ☐ Christian ☐ Lo ☐ Menard ☐ Morgan ☐ Sa	ogan	
Consumer  Collections/Repo/Garnishment Bankruptcy/Debtor Relief Other Consumer/Finance (Please s		
Family Adoption Annulment Orders of Protection Uncontested Divorce Contested Divorce Other Family (Please specify	Minor/Adult Guardianship Name Change Modification of Child Support Enforcement of Family Judgments	
Housing Security deposit Returns Home Ownership/Real Property Other Housing (Please specify	☐ Landlord/Tenant ☐ Mortgage Foreclosures )	
Senior Citizens and Disabilities Simple Will SSI	Power of Attorney	
Other  Veterans	Expungement	
<ul> <li>I would be interested in a training</li> <li>I would be interested in being a t</li> </ul>		



