



# AIDS Legal Referral Panel | Attorney Application

**Name**

\_\_\_\_\_  
First Middle Initial Last

**Firm**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone E-mail

\_\_\_\_\_  
Fax Alternate Phone/E-mail

**Education**

\_\_\_\_\_  
Law School Grad Year State Bar Member Number

**1. Please indicate the counties you are willing to serve.**

- Alameda       San Mateo  
 Contra Costa       Solano  
 Marin       Sonoma  
 San Francisco       Other:

**2. How did you hear about our Attorney Panel?**

- BALIF  
 BASF/JDC (VLSP)  
 ALRP member or staff  
 Other:

**3. ALRP is committed to respecting the gender identities of our volunteers. What is your gender and/or pronouns? (optional)**

\_\_\_\_\_

**4. In order to broaden its community base and effectiveness, ALRP is committed to recruiting volunteers of many ethnic backgrounds. What is your ethnicity or race? (optional)**

\_\_\_\_\_

**5. What languages other than English are spoken fluently by you and/or at your office (including American Sign Language)?**

\_\_\_\_\_

**6. Does your firm have a policy to accept only indigent clients for pro bono work?**       Yes       No

**7. Are you licensed to practice law in the State of California?**       Yes       No

**8. Have you ever been or are you currently being sued for malpractice?**       Yes       No

**9. Have you ever been suspended from practice or disbarred in any state?**       Yes       No

**10. Have you ever had or are there currently pending any State Bar disciplinary proceedings against you?**       Yes       No

**11. Have you ever been disciplined, suspended, or removed from any other Lawyer Referral Panel?**       Yes       No

*If you marked "no" to question 7 and/or if you marked "yes" to question 8, 9, 10, or 11, please provide a detailed explanation in the space provided on the following page.*

**12. In which areas of law will you accept ALRP referrals? (Note: In order to accept cases, you must already have handled two cases in that area of law or have attended an ALRP related training. By signing this form, you affirm that this is true.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Confidentiality                     | <input type="checkbox"/> Mediation                  |
| <input type="checkbox"/> Conservatorship                     | <input type="checkbox"/> Medical Malpractice        |
| <input type="checkbox"/> Contracts                           | <input type="checkbox"/> Notary                     |
| <input type="checkbox"/> Corporations                        | <input type="checkbox"/> Personal Injury            |
| <input type="checkbox"/> Credit & Bankruptcy                 | <input type="checkbox"/> Police Misconduct          |
| <input type="checkbox"/> Criminal                            | <input type="checkbox"/> Probate                    |
| <input type="checkbox"/> Discrimination                      | <input type="checkbox"/> Public Accommodations      |
| <input type="checkbox"/> Employee Benefits (e.g. ERISA)      | <input type="checkbox"/> Real Estate                |
| <input type="checkbox"/> Employment                          | <input type="checkbox"/> Restraining Orders         |
| <input type="checkbox"/> Estate Planning                     | <input type="checkbox"/> Small Business             |
| <input type="checkbox"/> Ethics                              | <input type="checkbox"/> Special Needs Trusts       |
| <input type="checkbox"/> Fair Housing                        | <input type="checkbox"/> Tax                        |
| <input type="checkbox"/> Family                              | <input type="checkbox"/> Tort                       |
| <input type="checkbox"/> Government Benefits (e.g. SSI/SSDI) | <input type="checkbox"/> Traffic Violations         |
| <input type="checkbox"/> Guardianship                        | <input type="checkbox"/> Trust                      |
| <input type="checkbox"/> Immigration                         | <input type="checkbox"/> Wills & Powers of Attorney |
| <input type="checkbox"/> Insurance (e.g. Bad Faith Claims)   | <input type="checkbox"/> Worker's Compensation      |
| <input type="checkbox"/> Landlord/Tenant                     | <input type="checkbox"/> Other (please describe):   |
| <input type="checkbox"/> Tenant Only                         |   |
| <input type="checkbox"/> Landlord/Master Tenant Only         |   |

**13. Please use this space to describe any expertise or limitations you have in any of the marked legal areas, and/or to explain any answer choices from the previous page:**

**I have read and am familiar with the AIDS Legal Referral Panel's Rules and Fee Protocol. I agree to abide by them.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return application to:**

Volunteer Coordinator  
AIDS Legal Referral Panel  
1663 Mission St, Ste. 500  
San Francisco CA 94103



|                                  |                     |
|----------------------------------|---------------------|
| FOR OFFICE USE ONLY              |                     |
| Date Application Received: _____ | VC Signature: _____ |