



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 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 | |
| <input type="checkbox"/> 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: _____