



Moving Forward in Unity

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Chapter NBA*

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Virgil Hawkins Florida Chapter National Bar Association Fellowship Pro Bono Program Application

PLEASE NOTE:

- The receipt of your completed application and/or any documents **DOES NOT** constitute an attorney-client relationship.
- An attorney-client relationship is not established until both parties enter into a written agreement and the terms therein are complied with. Thus, this office does not represent you unless a written agreement has been entered into establishing the same.



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Application Date: _____

To determine eligibility for pro bono legal services, please complete the following information:

Name: _____

Maiden Name: _____

Alias/Nickname: _____

Email: _____

Social Security Number: _____

D.O. B. _____

Address: _____

County of Residence: _____

U.S. Citizen Yes _____ No _____ Green Card: Yes _____ No _____

Race: _____ Sex: Male _____ Female _____

Marital Status: ___ Married ___ Unmarried ___ Single ___ Divorced ___ Widowed ___

Phone #: _____

Emergency Contact Info: _____

Other Members _____ Age _____

In Household _____ Age _____

_____ Age _____

_____ Age _____



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INCOME

Source **	Applicant (A) Spouse (S) Dependent (D)	Weekly	Monthly	Yearly

** Source of income may include: employment, welfare, unemployment, child support, social security/SSI, etc...

ASSETS:

Asset**	Current Value

**** Assets include but are not limited to: Home, land, mobile home, RV, vehicles, checking accounts, savings accounts, CD/IRs, 401K 403B**

Have you previously contacted an attorney or agency about your issue? Yes _____ No _____

If yes, are you currently being helped by that attorney or agency? _____

How did you hear about us? _____



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EMPLOYMENT INFORMATION

Employment Name: _____

Employer Address: _____

Employer Phone Number: _____

BRIEF DESCRIPTION OF YOUR ISSUE:

OPPOSING PARTY INFORMATION

Opposing Party Name: _____

Opposing Party Address: _____

Opposing Party Phone: _____

Opposing Party Attorney Name: _____

CURRENT CASE INFORMATION

Current Case Number(s): _____ County: _____

Related Case Number(s): _____ County: _____

Upcoming Court Date(s): _____