



# Private Attorney Involvement (PAI) Registration

Welcome to the Legal Aid Society's PAI Program.

Please take a few minutes to fill out this registration form to help facilitate the referral of cases to you.

## 1. Please let us know how many pro bono civil legal matters you will accept from the Legal Aid Society per year

(Please check one.)

- 1 case/year                       6–10 cases/year  
 2–5 cases/year                       Over 10 cases/year

## 2. In which areas of law will you agree to accept referrals?

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> ANY AREA                        | <input type="checkbox"/> Landlord/Tenant, Public   |
| <input type="checkbox"/> AFDC/Welfare                    | <input type="checkbox"/> Landlord/Tenant, Private  |
| <input type="checkbox"/> Adoption                        | <input type="checkbox"/> License/ID (Auto...)      |
| <input type="checkbox"/> Bankruptcy/Debtor Relief        | <input type="checkbox"/> Medicaid                  |
| <input type="checkbox"/> Consumer/Collections            | <input type="checkbox"/> Medicare                  |
| <input type="checkbox"/> Contracts/Loans                 | <input type="checkbox"/> Name Change               |
| <input type="checkbox"/> Custody/Visitation              | <input type="checkbox"/> Parental Rights/Paternity |
| <input type="checkbox"/> Discrimination (emp, sexual...) | <input type="checkbox"/> Public Utilities          |
| <input type="checkbox"/> Divorce/Sep/Annulment           | <input type="checkbox"/> SSI/SSD                   |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Spousal Abuse             |
| <input type="checkbox"/> Food Stamps                     | <input type="checkbox"/> Support                   |
| <input type="checkbox"/> Foreclosure                     | <input type="checkbox"/> Torts/Small Claims        |
| <input type="checkbox"/> Guardianship/Conservator        | <input type="checkbox"/> Unemployment Benefits     |
| <input type="checkbox"/> Home Ownership/Real Property    | <input type="checkbox"/> Veteran Benefits          |
| <input type="checkbox"/> Incorporation                   | <input type="checkbox"/> Wills/Estates             |
| <input type="checkbox"/> Indian/Tribal Law               | <input type="checkbox"/> Workers Compensation      |
| <input type="checkbox"/> Juvenile Delinquency            | <input type="checkbox"/> Other—Please Specify:     |

## 3. Legal Aid provides volunteers with options in the way that they provide their legal expertise and time. Please check the ways in which you would like to volunteer:

- Handle case files  
 Provide advice at a legal clinic  
 Mentor Legal Aid staff or other pro bono attorneys  
 Train/Present at a Legal Aid CLE program  
 Recruit pro bono attorneys  
 Assist clients at Pro Se Divorce Clinic  
 Educate clients in an informal setting on a specific legal issue

## 4. Listed below are the counties that we serve. Please check all of the counties from which you can accept referrals:

- |                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Albany     | <input type="checkbox"/> Clinton      | <input type="checkbox"/> Columbia    |
| <input type="checkbox"/> Essex      | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Fulton      |
| <input type="checkbox"/> Greene     | <input type="checkbox"/> Hamilton     | <input type="checkbox"/> Montgomery  |
| <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga     | <input type="checkbox"/> Schenectady |
| <input type="checkbox"/> Schoharie  | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Warren      |
| <input type="checkbox"/> Washington |                                       |                                      |

## 5. Practice setting:

- |  |   |
|--|---|
| <input type="checkbox"/> Sole practitioner     | <input type="checkbox"/> 25 + attorney        |
| <input type="checkbox"/> 2–5 attorney firm     | <input type="checkbox"/> Government           |
| <input type="checkbox"/> 6–10 attorney firm    | <input type="checkbox"/> Corporation/business |
| <input type="checkbox"/> 11–25 attorney firm   | <input type="checkbox"/> Retired              |
| <input type="checkbox"/> Other (specify) _____ |   |

## 6. How many years have you practiced? \_\_\_\_\_

## 7. Do you speak a language other than English? \_\_\_\_\_

If yes, what language(s): \_\_\_\_\_

## 8. The Legal Aid Society offers various benefits to its pro bono volunteers. Please let us know if you are interested in the following benefits:

- Training in the following area(s) of law: \_\_\_\_\_  
 Co-counseling with or mentoring by experienced LAS attorneys  
 Copies of forms and/or materials re: (specify): \_\_\_\_\_  
 Use of The Legal Aid Society's law library/office

## The Legal Aid Society also provides pro bono volunteers with the following benefits:

- Malpractice insurance (secondary)
- Reimbursement for out-of-pocket expenses (up to \$200)
- Provide Certification of Indigency to cover cost of filing fees for qualifying clients
- Trainings are free and for CLE credit
- Access to Westlaw via our PAI Paralegal
- "FREE PASS" (law students will provide free legal research)
- CLE credit for the time spent on a pro bono matter

Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE MAIL your completed form to Legal Aid Society, Attn: PAI, 55 Colvin Avenue, Albany, NY 12206 or e-mail it to kcinelli@lasnny.org.

**Thank You For Your Commitment.**