



SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY

2018 PRO BONO REGISTRATION

Name: _____ Phone: _____

Email: _____ Languages: _____

Please contact me by: Phone Email

I will donate in lieu of service contribution:

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> \$350.00 | <input type="checkbox"/> 5 payments of \$70.00 | <input type="checkbox"/> 10 payments of \$35.00 | <input type="checkbox"/> One time Donation \$ |
|-----------------------------------|--|---|---|

I prefer to take a case(s) in the following areas:*

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Consumer | <input type="checkbox"/> Housing | <input type="checkbox"/> Other: |
|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|

I would like to participate in a Special Pro Bono project:*

- | | |
|--|--|
| <input type="checkbox"/> Helping seriously ill Children and their Families | <input type="checkbox"/> Veterans Monthly Legal Advocacy Project at the Casselberry Public Library |
| <input type="checkbox"/> Department of Corrections Justice Teachings | <input type="checkbox"/> Sealing and Expungement Workshop at Goodwill Industries |

I would like to participate in Advice Only Sessions:*

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Consumer | <input type="checkbox"/> Housing | <input type="checkbox"/> Domestic Violence Victims |
|---------------------------------|-----------------------------------|----------------------------------|--|

Pro Bono Exemption

- | | | |
|---|--|---|
| <input type="checkbox"/> Exempt, but I would like to make a donation of: \$ | <input type="checkbox"/> I provide services/donations to another Legal Aid | <input type="checkbox"/> I am exempt because: |
|---|--|---|

**For more information about specific types of cases, please visit www.scbalas.com*

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352, WITHIN THE STATE OR ONLINE AT WWW.FRESHFROMFLORIDA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. OUR REGISTRATION NUMBER IS 1944.

Thank you for your support and consideration

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Phone: (407) 834-1660 Ext. 113 • Fax (407) 260-6952
Website: Scbalas.com**