



Pro Bono Request Form

Name: _____ Employer/Internship: _____

Email: _____ Telephone number: _____

Type of Practice: Law Firm Solo Practitioner Law school: _____

Do you speak Spanish? Yes No Creole? Yes No Portuguese? Yes No

How soon would you be available to take a case? _____

Please check off the boxes that best describe the types of cases that you would be interested in volunteering for.

CABA Pro Bono Unaccompanied Immigrant Minor's Project	Foreclosure Defense Project	Pro Bono Attorney Need Based Representation	CABA Domestic Violence Guardian Program
<input type="checkbox"/> Special Immigrant Juvenile Status <input type="checkbox"/> Dependency Portion <input type="checkbox"/> Immigration Portion <input type="checkbox"/> Both Portions <input type="checkbox"/> Non Detained Children <input type="checkbox"/> Detained Children <input type="checkbox"/> Asylum <input type="checkbox"/> Prosecutorial Discretion <input type="checkbox"/> Other Please Specify: _____ _____	<input type="checkbox"/> Office Hours at the Miami Dade County Courthouse Library <input type="checkbox"/> Mondays 8:30am – 10:30am <input type="checkbox"/> Thursdays 8:30am – 10:30am <input type="checkbox"/> Foreclosure Defense Clinics	<input type="checkbox"/> Consumer Finance <input type="checkbox"/> Domestic Violence Injunction Proceedings <input type="checkbox"/> Divorce Proceedings <input type="checkbox"/> Probate/Guardianship <input type="checkbox"/> Immigration <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Foreclosure Defense <input type="checkbox"/> Government Benefits <input type="checkbox"/> Other Please Specify: _____ _____	<input type="checkbox"/> Children under age 5 <input type="checkbox"/> Children under age 10 <input type="checkbox"/> Children under age 15

Contributions

I cannot accept a case at this time but would like to make a tax-deductible donation in the amount of: _____

*Please note that \$350.00 is the suggested minimum per person to satisfy the Florida Bar reporting requirement.

Please make checks payable to:

"CABA Pro Bono Project"

And return with this form to 1779 NW 28th Street, Miami, FL 33142

For questions please feel free to contact Lesley Mendoza at Lesley@cabaprobono.com