

**Legal Assistance of Dakota County, Ltd.
2008 Volunteer Attorney Program**

Contact Information

Name: _____

E-Mail: _____

Firm: _____

Address: _____ **City/State/Zip** _____

Telephone: _____ **Fax:** _____

Atty. Reg. No. _____ **Preferred Method of Contact:** Phone E-Mail

How Would You Like To Volunteer This Year?

Volunteer attorney with individual clients:

- The greatest need for our clients is family law matters. In what areas are you willing to take cases?
 - Marriage Dissolution (no children)
 - Marriage Dissolution (children)
 - QDROs
 - Order for Protection
 - Child Support (expedited process)
 - Change of Custody
 - Establishment of custody or visitation after a Recognition of Parentage
- Occasionally, we need attorneys to assist low-income clients in other, non-fee generating areas of civil law. In what areas are you willing to take cases?
 - Bankruptcy
 - Conciliation court appeals
 - Consumer Law
 - Immigration and Naturalization
 - Real Estate/ Housing
- How many cases would you like to handle in a year from us? 1-2 3-4 5-7 8-10

Self Help Center

- How often would you like to help? 2/yr 4/yr Monthly
- What location(s) work best for you? Apple Valley West St. Paul Hastings

Languages

- An attorney or support staff person in my office is fluent in:
 - Arabic
 - Cambodian/Khmer
 - Hmong
 - Laotian
 - Spanish
 - Russian
 - Vietnamese
 - Somali
 - Other _____
- If Legal Assistance of Dakota County paid for an interpreter, would you feel comfortable working with a non-English speaking client? Yes No

PLEASE REVIEW BACK PAGE AND SIGN

Volunteer Attorney Program Agreement

1. I agree to participate in the Legal Assistance of Dakota County Volunteer Attorney Program and am willing to take one or two cases per year.
2. I am currently licensed to practice law in Minnesota.
3. There has not been any private or public disciplinary action ever taken against me in any state nor is there a current disciplinary proceeding pending against me. I am not currently under any private or public disciplinary action such as suspension. If such an action does happen, I will notify Legal Assistance of Dakota County. If there has been such an action in the past, a written explanation will be attached.
4. I will not accept or request attorney's fees from any client I represent through the Volunteer Attorney Program. I may ask for and accept attorney fees awarded by the court from the other party in an action resulting from my representation through the program. If costs are involved and if an action cannot proceed *In Forma Pauperis*, costs will be requested from the client.
5. I will perform a conflicts check prior to accepting any case. Once I have accepted a case, it becomes my sole responsibility as attorney for the client acting on my own behalf and not on behalf or as an agent of Legal Assistance of Dakota County, Ltd.
6. I understand that Legal Assistance of Dakota County, Ltd. has malpractice insurance. This coverage extends to me when handling pro bono cases through the Legal Assistance of Dakota County Volunteer Attorney Program and is secondary to any other valid and collectible insurance otherwise available to me.
7. I understand that I am not obligated to provide pro bono representation to my Volunteer Attorney client on matters not presented to me through the Volunteer Program.
8. Legal Assistance of Dakota County agrees to provide such support and assistance to me in providing a representation on the case that is consistent with the Code of Professional Responsibility and the availability of Legal Assistance of Dakota County resources.

Dated: _____
Attorney at Law

Optional: Volunteer Referral

Please list the name and contact information for any attorneys you believe might want to volunteer with us (e.g. new associates with your firm, colleagues, etc.):

Return completed applications to: Legal Assistance of Dakota County, Ltd.
15025 Glazier Ave., Suite 201
Apple Valley, MN 55124
Fax: 952-431-3202

Questions? Contact Darren Sharp at 952-431-3200 or dsharp@dakotalegal.org