



Dade Legal Aid
Put Something Back
Est. 1949

LAW FIRM PROJECT REGISTRATION

HAVE YOU FULFILLED YOUR FLORIDA BAR PRO BONO REPORTING REQUIREMENT? *

Name: _____ Bar Number: _____

Firm/Company: _____

Address: _____ Contact: _____

City: _____ Zip: _____ E-mail: _____

Phone: _____ Cell: _____ Website: _____

Law firms, Please Attach List of Attorneys, Bar Numbers & Email Addresses.

***FLORIDA BAR RULE 4-6.1(d) REQUIRES MEMBERS OF THE BAR TO REPORT ANNUALLY WHETHER THEY HAVE SATISFIED THEIR PROFESSIONAL RESPONSIBILITY TO PROVIDE PRO BONO LEGAL SERVICES TO THE POOR.**

CASE ACCEPTANCE:

YES! I/We will accept a case(s) (please circle all that apply)

FAMILY PROJECT: Divorce (Cont. or UCD), Custody, Adoption, Paternity, Name Change, Dom. Viol.

GUARDIAN AD LITEM (GAL): Cont. Custody, Dom. Violence, Dependency, Probate, Immigration

CHILDREN'S PROJECT: Dependency, Foster Youth, Teen Advocacy, Human Trafficking, Guardianship

CONSUMER PROJECT: Bankruptcy (7, 13), Collection, Contracts, Gen. Civil, Insurance, Unfair Sales

PROBATE PROJECT: Guardianship, Probate Administration, Probate Litigation, Will Drafting

HOUSING PROJECT: Deeds, Landlord/Tenant, Liens, Mortgage Foreclosure Defense, Zoning

OTHER PROJECTS: Appeals, Artists, COVID-19, Expungement, Immigration, Impact, Patent
Non-Profits, Veterans, Venture Law, Other _____

"BUY IN" CONTRIBUTIONS:

YES! I/We will make a tax-deductible donation in the amount of: _____ \$350.00 per person

YES! I/We will make an additional firm contribution in the amount of:

\$10,000 \$5,000 \$2,500 \$1,000 \$750 \$500 \$250 Other _____

****SUGGESTED \$350 BUY-IN OR 20 HOURS PRO BONO PER ATTORNEY SATISFIES RULE 4-6.1(d)***

Please return your form and BUY IN donation payable to:

LEGAL AID

Attn. Put Something Back

28 West Flagler Street, Suite 608, Miami Florida 33130

TO PAY BY CREDIT CARD PLEASE FILL INFORMATION BELOW (PLEASE NOTE WE ONLY ACCEPT VISA OR MASTERCARD)

MC/VISA# _____ Exp. _____

Card Holder Name: _____

Billing Address and Zip Code: _____

Payment Amount: \$ _____ Security Numbers (On Back of Card): _____

Signature: _____

We need your help NOW more than ever to continue serving clients in critical need.

Please consider accepting cases and contributing financially

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