



# LEGAL ASSISTANCE OF DAKOTA COUNTY, LTD.

## 2014 VOLUNTEER ATTORNEY PROGRAM REGISTRATION

We make a living by what we do, but we make a life by what we give. - Winston Churchill

### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Atty. Reg. No.: \_\_\_\_\_

Preferred Method of Contact:  Email  Phone

### PRO BONO CASES

*Volunteers are entitled to claim CLE credit for pro bono representation through Legal Assistance of Dakota County at the rate of 1 standard credit for every 6 hours of pro bono representation.*

Represent individual clients with the following case types:

- Family
- Order for Protection
- QDRO
- Bankruptcy
- Consumer Law (Debtor-Creditor)
- Conciliation Court Appeals
- Housing/Foreclosure/Real Estate
- Other (non-fee generating civil areas): \_\_\_\_\_

• How many pro bono cases would you like to take in a year?  1-2  3-4  5-7  8-10

### PRO BONO ADVICE CLINICS

Dakota County Family Court Self-Help Center

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

Spanish Speaking Family Court Self-Help Center @ Wentworth Library in West St. Paul

- How often would you like to help?  Monthly  2 x per year  4 x per year

Consumer Law Clinic @ Dakota County Self-Help Center in Apple Valley

- How often would you like to help?  Monthly  2 x per year  4 x per year

Family Law Clinic @ Lewis House

- How often would you like to help?  Monthly  2 x per year  4 x per year
- What location(s) work(s) best for you?  Eagan  Hastings

Family Law Clinic @ Shakopee

- How often would you like to help?  Monthly  2 x per year  4 x per year

### OTHER

• Are you fluent in a language in addition to English?  Yes  No

If so, which language(s)? \_\_\_\_\_

• If LADC paid for an interpreter, would you be willing to work with a non-English-speaking client?  Yes  No

### DONATIONS

• I would like to make a tax-deductible donation to Legal Assistance of Dakota County in the amount of: \$\_\_\_\_\_ (checks made out to Legal Assistance of Dakota, Ltd. may be enclosed or go online to donate using a credit card at [www.dakotalegal.org](http://www.dakotalegal.org))

**Thank you!**

## VOLUNTEER ATTORNEY PROGRAM AGREEMENT

1. I agree to participate in the Legal Assistance of Dakota County Volunteer Attorney Program and I am willing to take one or two cases per year or volunteer in another capacity.
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

**Thank you for your volunteer service!**

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.)

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**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 Rachel Estrella at 952-431-3200 or [restrella@dakotalegal.org](mailto:restrella@dakotalegal.org)