



CLINIC VOLUNTEER REGISTRATION FORM

Please fill out and return to **email:** kkoester@cvls.org | **fax:** 312-332-1460 | **attn:** Kathy Koester

rev 061020F

Contact Info:

First	Middle	Last
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Cell	Work	Email
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Address:

Company (if applicable)

Street Address

City State Zip

Military Status (check all that apply)

I am a(n): veteran of a branch of the US Armed Forces
 active duty or reserve member of a branch of the US Armed Forces
 none of the above

Alt Address:

Company (if applicable)

Street Address

City State Zip

Professional

Lawyer Paralegal Student Other

ARDC Number	Non-English Language(s)
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Law School	Date Joined Bar
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Please indicate the areas you practice with a "P", and a "V" for all case types you would like to volunteer for. Please limit volunteer areas to four.

Administrative

- Taxes
- Non-Profit Org/501(C)(3)
- Building Court
- Other Admin Law

Consumer / Contract

- Chapter 7 Bankruptcy
- Collections / Repossessions
- Contracts / Warranties
- Deceptive Sales Practices
- Insurance
- Other Consumer

Chancery

- Administrative Review
- Declaratory Judgment

Family

- Divorce
- Custody / Visitation
- Child Support / Maintenance
- Adoption
- Name Change
- Emancipation
- Other Family

Immigration

- Bond Hearings
- Guardianship Planning for Undocumented Immigrants
- Special Immigrant Juvenile Status

Probate

- Guardianship of Minor
- Guardianship of Disabled Adult
- Wills / Advanced Directives / POA
- Decedent's Estate / Other
- Small Estate Affidavit

Real Estate / Housing

- Private Landlord / Tenant
- Public Housing / Section 8
- Foreclosure
- Deed / Title
- Predatory Lending Practices
- Condo Assoc. / HOA Disputes

Miscellaneous

- Torts

Office Use Only

Orientation Date	ARDC Status	Clinic
Presenter	By	