



Nassau County Bar Association Legal Consultation Clinic
Volunteer Attorney Intake Form

Attorney Name \_\_\_\_\_

Law Firm Name \_\_\_\_\_

Law Firm Address \_\_\_\_\_

(if none, home address) \_\_\_\_\_

Phone (b) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Areas of Expertise \_\_\_\_\_

Years of Practice \_\_\_\_\_ Languages \_\_\_\_\_

Have you volunteered at the Nassau County Bar Association in the past? YES NO

If YES, when? \_\_\_\_\_ and for what program? \_\_\_\_\_

Are you interested in volunteering for:

- \_\_\_ Mortgage Foreclosure Legal Consultation Clinic
\_\_\_ Mortgage Foreclosure Settlement Conference Consultations
\_\_\_ Sandy Recovery Legal Consultation Clinic
\_\_\_ Senior Citizen Consultation Clinic

Are you currently insured for malpractice? \_\_\_\_\_ Are you currently retired from practice? \_\_\_\_\_

Does your current insurance policy cover pro bono activity outside of your firm? \_\_\_\_\_

Claims Information (check all that apply):

A professional liability claim or suit has been made against you in the past 5 years \_\_\_\_\_

You have knowledge or information of the occurrence of an incident that may give rise to a claim \_\_\_\_\_

You have been subject to a disciplinary inquiry, complaint or proceeding within the past 5 years \_\_\_\_\_

Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_