

# PARTICIPATING ATTORNEY SIGN-UP FORM

\*NAME: \_\_\_\_\_  
FIRM: \_\_\_\_\_  
\*ADDRESS1: \_\_\_\_\_  
ADDRESS2: \_\_\_\_\_  
\*CITY: \_\_\_\_\_, \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_  
\*EMAIL: \_\_\_\_\_  
\*PHONE: (\_\_\_\_) \_\_\_\_\_ \*FAX: (\_\_\_\_) \_\_\_\_\_

\* Required fields

## AREAS OF PRACTICE IN WHICH YOU'RE WILLING TO HELP:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Consumer/Finance | <input type="checkbox"/> Housing            | <input type="checkbox"/> Indian Law/Tribal Courts |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Income Maintenance |   |
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Individual Rights  |   |
| <input type="checkbox"/> Family           | <input type="checkbox"/> Juvenile           |   |
| <input type="checkbox"/> Health           | <input type="checkbox"/> Other _____        |   |

## OPTIONS IN WHICH YOU ARE INTERESTED:

- Participating Attorney List (list distributed to clients)  
 Direct Referral from Judicare Staff  
 Pro Bono       Compensated       Both  
 Volunteer work

## COUNTY(IES) IN WHICH YOU ARE INTERESTED IN PROVIDING ASSISTANCE:

- |                                   |                                     |                                   |                                    |                                  |                                    |                                   |
|-----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ashland  | <input type="checkbox"/> Clark      | <input type="checkbox"/> Forest   | <input type="checkbox"/> Marinette | <input type="checkbox"/> Pierce  | <input type="checkbox"/> Sawyer    | <input type="checkbox"/> Washburn |
| <input type="checkbox"/> Barron   | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Iron     | <input type="checkbox"/> Menominee | <input type="checkbox"/> Polk    | <input type="checkbox"/> Shawano   | <input type="checkbox"/> Waupaca  |
| <input type="checkbox"/> Bayfield | <input type="checkbox"/> Dunn       | <input type="checkbox"/> Langlade | <input type="checkbox"/> Oconto    | <input type="checkbox"/> Portage | <input type="checkbox"/> St. Croix | <input type="checkbox"/> Wood     |
| <input type="checkbox"/> Burnett  | <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Lincoln  | <input type="checkbox"/> Oneida    | <input type="checkbox"/> Price   | <input type="checkbox"/> Taylor    |                                   |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Florence   | <input type="checkbox"/> Marathon | <input type="checkbox"/> Pepin     | <input type="checkbox"/> Rusk    | <input type="checkbox"/> Vilas     |                                   |

WI counties other than listed above \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

**Please fax completed form to Director of Private Attorney Involvement Marka Henkelman's attention at (715) 848-1885 or email to [mhenkelman@judicare.org](mailto:mhenkelman@judicare.org).  
Someone will contact you within 5 business days to discuss your options and preferences.**