

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:

___ Ashland	___ Clark	___ Forest	___ Marinette	___ Pierce	___ Sawyer	___ Washburn
___ Barron	___ Douglas	___ Iron	___ Menominee	___ Polk	___ Shawano	___ Waupaca
___ Bayfield	___ Dunn	___ Langlade	___ Oconto	___ Portage	___ St. Croix	___ Wood
___ Burnett	___ Eau Claire	___ Lincoln	___ Oneida	___ Price	___ Taylor	
___ Chippewa	___ Florence	___ Marathon	___ Pepin	___ Rusk	___ Vilas	

___ WI counties other than listed above _____

ADDITIONAL COMMENTS: _____

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