

PARTICIPATING ATTORNEY SIGN-UP FORM

*NAME: _____
FIRM: _____
*ADDRESS1: _____
ADDRESS2: _____
*CITY/STATE/ZIP: _____, *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"/> 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:

- Traditional Participating Attorney List
 Direct Referral from Judicare Staff - Pro Bono Compensated
 Special Projects
 General Volunteers

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	

ADDITIONAL COMMENTS: _____

**Please fax completed form to Pro Bono Director Marka Henkelman's attention
at (715) 848-1885 or email to mhenkelman@judicare.org.
Someone will contact you within 5 business days to discuss your options and preferences.**