

**Legal Care Program
Samaritan Center**

I am interested in helping with the Legal Care Program.

Name: _____

Address: _____

City, State, Zip: _____

Office phone: _____

Office FAX: _____

Email: _____

Foreign languages spoken _____

I would like to register for malpractice coverage with the State Legal Expense Fund –
[] Yes [] No

I practice in the follow areas of the law (check as many as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Juvenile law |
| <input type="checkbox"/> Child custody | <input type="checkbox"/> Medicaid benefits |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Civil litigation | <input type="checkbox"/> Nursing home issues |
| <input type="checkbox"/> Civil rights | <input type="checkbox"/> Powers of attorney |
| <input type="checkbox"/> Consumer rights | <input type="checkbox"/> Public assistance |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Public utilities |
| <input type="checkbox"/> Credit access | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Debt collection | <input type="checkbox"/> Spousal abuse |
| <input type="checkbox"/> Disability claims or rights | <input type="checkbox"/> Torts/Personal Injury |
| <input type="checkbox"/> Domestic relations | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Unemployment claims |
| <input type="checkbox"/> Guardianships | <input type="checkbox"/> Wills, probate & estates |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Workman's comp |
| <input type="checkbox"/> Housing issues | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

Continued on next page >>>>>1

- I am willing to come to the Samaritan Center once ___ biweekly, ___ monthly, ___ quarterly, to provide legal advice/mediation to less fortunate persons.
What days during the week would be most convenient for you to see clients at the Samaritan Center? _____
What hours during the day would be most convenient? _____
- I am willing to advise and represent some less fortunate persons who may be referred by the Samaritan Center Legal Care program. I may decline any matter.
- I am willing to consult with or mentor other attorneys in the Legal Care program from my special knowledge and experience.
- I would be interested in teach needy persons about their legal rights and developing their legal self-help skills.
- I am trained as a mediator and am willing to provide mediation services.

Would you prefer seeing Samaritan Center referred clients at your office rather than at the Samaritan Center? [] yes [] no

Samaritan FAX: (573)761-5948; Mail: 1310 E. McCarty, Jefferson City, Mo 65101