

**Attorney Enrollment
Legal Care Program
Samaritan Center**

For the purpose of registering with the Attorney General of Missouri for Legal Expense Fund Coverage (Section 105.711, RSMo Supp.) for practicing law without compensation through the Samaritan Center, a nonprofit community social services center, the following information is provided.

Name: _____

Address: _____

City, State, Zip: _____

Daytime phone: _____

Mo Bar Number: _____

Place of employment, if any: _____

Estimated number of hours per year of legal services provided without compensation are:

General area of law engaged in will be: _____

Records of clients represented through this program shall be maintained at:

- The Samaritan Center, 1310 E. McCarty, Jefferson City, MO.
- At the address given above.

It is understood that:

- (a) I will not represent any client under this program if I have a preexisting attorney client relationship with the client under which fees have been collected or contracted for;
- (b) No fee will be charged, sought or accepted from the client for any representation or consultation regardless of outcome;
- (c) I will not discriminate in providing legal services on the basis of race, sex, religion, national origin or ethnic background.

Signed _____

Witness for Samaritan Center: _____

Dated: _____