

Disaster Legal Services Pro Bono Registration Form

(Administered by the American Bar Association Young Lawyers Division,
Federal Emergency Management Agency & Oregon State Bar)

Please check the categories for which you would like to receive referrals:

2001 Unemployment

2002 Document Replacement

2003 Small Business (including Small Business Administration issues)

2004 Consumer

2005 Insurance

2006 Debtor/Creditor

2007 Landlord-Tenant

2008 Real Property

2009 FEMA

2010 Other: _____

In order to register and remain eligible to receive referrals under this program, each attorney must:

1. *be in private practice and an active member of the Oregon State Bar in good standing;*
2. *maintain malpractice coverage with the Professional Liability Fund;*
3. *have no disciplinary proceedings pending;*
4. *perform in accordance with the Robert T. Stafford Disaster and Emergency Assistance Act of 1974, and abide by the client service standards contained in the Joint Bench/Bar Statement of Professionalism (reproduced on the reverse side of this form);*
5. *only accept non-fee-generating cases, and refer back fee-generating cases to the Oregon State Bar Lawyer Referral Service (for the purpose of this program, "fee-generating case" shall be defined as in 44 C.F.R. §206.164(b));*
6. *not accept any compensation from disaster victims for legal services rendered pursuant to this program;*
7. *only assist low income disaster victims (for the purpose of this program, "low income disaster victims" shall be defined as disaster victims who have insufficient resources to secure adequate legal services regardless of whether the insufficiency existed prior to the disaster);*
8. *refer back any client the attorney is not able to assist, and immediately notify the Oregon State Bar Lawyer Referral Service if the attorney is unable to accept referrals for a period of time due to vacation, leave of absence, heavy caseload, or any other reason.*

I understand and agree to all of the foregoing, and by signing below certify that I am eligible under the criteria stated above.

Signature	Date
Name (please print)	Bar No.
Address	
City/State/Zip	Phone
E-mail	Fax
I prefer to receive notices by <input type="checkbox"/> e-mail <input type="checkbox"/> fax <input type="checkbox"/> mail	

Thank you for volunteering!! Please call (503) 620-0222 ext. 408 with any questions.

Please fax the completed form to (503) 598-6946.

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Joint Bench/Bar Statement of Professionalism

1. We will represent you responsibly, and with enthusiasm and dedication. We will vigorously protect your interests, including your right to confidentiality.
2. We will be trustworthy and honest in our dealings with you and others.
3. Your legitimate needs will determine the goals we pursue.
4. We will advise you against and will not pursue a course of conduct which is improper, unreasonable, without merit, or intended only to create delay or harass another.
5. We will conduct your legal affairs as efficiently and inexpensively as possible, and where appropriate, will advise you of alternative ways to resolve disputes. We will discuss available settlement opportunities promptly.
6. We will treat you and all others involved in your legal affairs, including other lawyers, with courtesy, respect and consideration.
7. We will represent you only in matters we can competently handle.
8. We will discuss our fee arrangement with you at the beginning of our relationship.
9. We will keep you informed about your legal affairs. We will provide you with copies of important papers and letters.
10. We will ensure your phone calls are returned promptly. We will be on time for meetings and court proceedings.

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