

COOPERATING ATTORNEY NETWORK



CONTACT INFORMATION

Attorney Name:

Firm Name:

Street Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Is your office accessible to people with disabilities? Yes No

Office Hours (include evening/weekend hours):

Are you proficient in other languages (including sign language)? Yes No

If yes, please list:

What geographic areas do you serve (willing to travel)?

(Check all that apply)

- Fairfield
 Hartford
 Litchfield
 Middlesex

- New Haven
 New London
 Tolland
 Windham

Statewide

How did you hear about SLJ's Cooperating Attorney Program?

- CT Bar Association
 Current Cooperating Attorney

- SLJ website
 Word of Mouth
 Other: _____

EDUCATION

Undergraduate:

Degree:

Date:

Law School:

Degree:

Date:

Admission to CT Bar (Date):

Are you licensed to practice in other states? Yes No

If yes, please list:

HOW WOULD YOU LIKE TO BE INVOLVED WITH SLJ?

(Check all that apply)

- As an attorney referral
 Assist with community education (e.g., "Know Your Rights" workshops)
Please list topic(s):
 SLJ Board of Directors' subcommittees
 Assist in reviewing/updating legal publications
 Training SLJ staff and volunteers on legal issues
Please list topic(s):
 Host a fundraiser
 Donate

The following sections are only for attorneys on the referral list

ATTORNEY FEES

COOPERATING ATTORNEY NETWORK



NOTE: In order to be included in SLJ CAN's referral list, attorneys are expected to offer at minimum a free 15-30 minute initial consultation to SLJ clients.

Do you offer a free initial consultation: Yes, to anyone Yes, only to SLJ referrals

Do you ask for a retainer fee on all cases? Yes No

If no, which ones?

Which of the following will you offer to SLJ referrals?	<input type="checkbox"/> some pro bono work	<input type="checkbox"/> partial representation/limited scope
	<input type="checkbox"/> sliding scale fees	<input type="checkbox"/> credit card payments
	<input type="checkbox"/> payment plans	<input type="checkbox"/> other: _____
	<input type="checkbox"/> contingency fees on _____ (type of case)	

Are you currently covered by malpractice insurance? Yes No

NOTE: SLJ referrals are informed that the arrangements are at the discretion of the individual attorney and are **NEVER** told the attorney will represent them in court for free.

PLEASE CHECK ALL AREAS YOU PRACTICE

Education

- | | |
|--|---|
| <input type="checkbox"/> Discrimination (Title IX) | <input type="checkbox"/> Student Expulsion/Discipline |
| <input type="checkbox"/> Special Education | |

Consumer + Credit

- | | |
|--|---|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Equal Opportunity |
| <input type="checkbox"/> Credit Protection | <input type="checkbox"/> Gay / Lesbian / Transgender Discrimination |

Employment

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Age Discrimination | <input type="checkbox"/> Equal Pay/Comparable Worth | <input type="checkbox"/> Maternity Benefits | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Gay / Lesbian / Transgender Discrimination | <input type="checkbox"/> Public Employees | <input type="checkbox"/> Union Member Rights |
| <input type="checkbox"/> Class Actions | <input type="checkbox"/> Illegal Termination | <input type="checkbox"/> Race Discrimination | <input type="checkbox"/> Whistleblowers |
| <input type="checkbox"/> Disability Discrimination | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Sex Discrimination | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Employee Rights | | <input type="checkbox"/> Sexual Harassment | |

Family

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Custody Involving Gay/Lesbian | <input type="checkbox"/> Legal Separations |
| <input type="checkbox"/> Annulments | <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Modifications of Divorce Judgments |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Divorce Mediation | <input type="checkbox"/> Restraining Orders |
| <input type="checkbox"/> Custody | <input type="checkbox"/> DCF Proceedings | |