

Pro Bono Opportunities
NJSBA Web Posting Form

A. Contact Information

Organization Name: Pro Bono Subcommittee of NJSBA Contact Name: Gary K. Norgaard
Bankruptcy Section
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Organization Information

1. In a few sentences state the overall mission of your organization.
To provide bankruptcy representation to qualified applicants.
2. Are you a 501 (c) (3) organization? Yes. No. If not, how would you classify your organization?
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3. Please use the boxes (check as many as apply) and lines below to identify and briefly describe the population(s) for which your organization provides services. Be sure to include information on characteristics such as age, disability or income, that might be used in establishing eligibility for your services.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Senior/Elderly | <input checked="" type="checkbox"/> Children/Families |
| <input checked="" type="checkbox"/> HIV/AIDS | <input checked="" type="checkbox"/> Disabled |
| <input checked="" type="checkbox"/> Low-income generally | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Immigrants | |

Eligibility requirements: Legal Services

4. Has the New Jersey Supreme Court approved your program for a Madden exemption?
 Yes No.

5. Service area:
 Statewide
 County based (please list the counties service) _____

Locally based (please list areas served) _____

B. Pro Bono Opportunities

6. Please use the boxes below, by checking the general topic area(s) and any specific specialties, to indicate the substantive areas in which you are seeking *pro bono* support.

Civil Rights

Employment/Unemployment

Family

- Custody
- Child Support
- Divorce
- Domestic Violence
- Termination of Parental Rights
- Visitation

Immigration

- Asylum
- Naturalization

Senior/Elder Law

- Bankruptcy
- Credit Counseling
- Predatory Lending

Consumer

- Bankruptcy
- Credit/Dept Counseling
- Predatory Lending

Guardianship

Health

- SSI/SSD

Intellectual Property

- Copyright
- Privacy
- Web/Internet Expertise

Transactional

- Non-profit Corporate
- Community Development
- Tax

Other : _____

7. Please use the boxes below, by checking all that apply, to indicate the types of legal services for which your organization is seeking *pro bono* assistance.

- Advice only
- Appeals
- Mentoring *Pro Bono* Lawyers
- Transaction
- Amicus* Briefs
- Litigation
- Training

8. Does your organization provide substantive training to volunteer attorneys?

- Yes
- No
- In some cases

If yes, please describe: _____

9. Does your organization provide other types of support? If yes, please explain.

Litigation supports	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fee waivers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Translators	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

10. What, if any, supervision does your organization provide for volunteer attorneys?

All have access to the senior members. Follow up as needed.

11. Does your organization provide malpractice coverage for volunteer attorneys?

Yes No

If yes, please explain:

12. Does your organization require volunteer attorneys to carry malpractice insurance?

Yes No

If yes, please explain: _____

