

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information	
Organization Name: <u>Western Monmouth Habitat for Humanity</u>	Contact Name: <u>Ken Curtis</u>
Organization Address: <u>P.O. Box 62</u> <u>Freehold, NJ 07728</u>	Contact E-mail: kkcurtis24@optonline.net
_____	Telephone #: <u>(732) 928-7010</u>
Web Address: http://www.westmonhabitat.org/	Fax #: <u>(732) 928-7106</u>

B. Organization Information

1. In a few sentences state the overall mission of your organization.

Western Monmouth Habitat for Humanity is an affiliate of Habitat for Humanity International, a nonprofit, ecumenical Christian ministry dedicated to eliminating substandard housing worldwide and to making adequate, affordable shelter a matter of conscience and action. Habitat is founded on the conviction that every man, woman and child should have a simple, decent, affordable place to live in dignity and safety. Habitat has an open-door policy: all who desire to be a part of this mission are welcome, regardless of race, color or creed.

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

3. In a few sentences describe the types of services provided by your organization.

Attorneys represent our partner families at the closing of their houses. They represent our charity at the closings. All forms of real estate work as we buy property, subdivision, variances, general legal questions including employment, business practices.

4. Service area:

- Statewide
- County based (please list counties served)
Western Monmouth County (west of the Garden State Parkway)

- Locally based (please list areas served)
see above

C. Pro Bono Opportunities

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

- | | |
|--|---|
| <input type="checkbox"/> Family
<input type="checkbox"/> Custody
<input type="checkbox"/> Child Support
<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Termination of Parental Rights
<input type="checkbox"/> Visitation | <input checked="" type="checkbox"/> Housing/Landlord Tenant

<input type="checkbox"/> Immigration
<input type="checkbox"/> Asylum
<input type="checkbox"/> Naturalization |
| <input type="checkbox"/> Health
<input type="checkbox"/> SSI/SSD | <input checked="" type="checkbox"/> Consumer
<input type="checkbox"/> Bankruptcy
<input checked="" type="checkbox"/> Credit/Debt counseling
<input checked="" type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Wills | <input type="checkbox"/> Senior/Elder law
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Credit Counseling
<input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Transactional
<input checked="" type="checkbox"/> Non-profit corporate
<input checked="" type="checkbox"/> Community Development
<input type="checkbox"/> Tax | <input type="checkbox"/> Employment/Unemployment |
| <input type="checkbox"/> Civil Rights | |
| <input type="checkbox"/> Guardianship | |
| <input type="checkbox"/> Other _____

_____ | |

6. Does your organization provide substantive training to volunteer attorneys?
 Yes No In some cases
If yes, please describe: In cooperation with attorneys who currently and in the past have helped.

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

Litigation support	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Fee waivers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Sometimes for permits needed.</u> _____
Translators	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Spanish</u> _____
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

8. What, if any, supervision does your organization provide for volunteer attorneys?
Counseling, if needed, with officers and board members and attorneys experienced
with our mission._____

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

Yes No
If yes, please describe: _____

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

Yes No
If yes, please explain: _____

11. Has the New Jersey Supreme Court approved your program for a Madden exemption?

Yes No to our knowledge.