

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information			
Organization Name:	__ Ironbound Community Corporation__	Contact Name:	__ Drew Curtis__
Organization Address:	__ 317 Elm Street__	Contact E-mail:	__ dcurtis@ironboundcc.org__
	__ Newark, NJ 07105__		
		Telephone #:	(201 __) __ 736-5817__
Web Address:	__ www.ironboundcc.org__	Fax #:	(973 __) __ 465-9505__

B. Organization Information

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

Founded in 1969, Ironbound Community Corporation’s (ICC’s) mission is to engage and empower individuals, families, and groups in realizing their aspirations and, together, work to create a just, vibrant and sustainable community.

ICC upholds and builds upon the principles of “Justice and Equality for All.” We strive to practice and build equity, work towards a Just Transition, and organize community on the basis of the [Jemez Principles](#).

We envision a safe, healthy, just, and nurturing Ironbound; a welcoming and fully inclusive community that supports equal and accessible opportunity and the quest for a better life. For us, revitalization means uplifting both people and place. Therefore, we aim to lead the transformation of Ironbound into a neighborhood where anyone might choose to live and current residents can remain in their homes and their community without fear of being displaced.

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.

We refer

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

3. In a few sentences describe the types of (legal?) services provided by your organization.

We do not provide legal services directly, instead we early childhood education & youth development, social services & workforce development, and community organizing & advocacy. We refer community members to legal services.

4. Service area:

- Statewide
- County based (please list counties served)

- Locally based (please list areas served)

 Newark, NJ _____

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.

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Family <ul style="list-style-type: none"> <input type="checkbox"/> Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Divorce <input type="checkbox"/> Domestic Violence X <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Visitation <input type="checkbox"/> Health <ul style="list-style-type: none"> <input type="checkbox"/> SSI/SSD X <input type="checkbox"/> Wills <input type="checkbox"/> Transactional <ul style="list-style-type: none"> <input type="checkbox"/> Non-profit corporate X <input type="checkbox"/> Community Development X <input type="checkbox"/> Tax X <input type="checkbox"/> Civil Rights X <input type="checkbox"/> Guardianship <input type="checkbox"/> Other <u> environmental X </u> _____
 <u> land use </u> _____
 _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Housing/Landlord Tenant X <input type="checkbox"/> Immigration <ul style="list-style-type: none"> <input type="checkbox"/> Asylum X <input type="checkbox"/> Naturalization X <input type="checkbox"/> Consumer <ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy X <input type="checkbox"/> Credit/Debt counseling X <input type="checkbox"/> Predatory Lending X <input type="checkbox"/> Senior/Elder law <ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy X <input type="checkbox"/> Credit Counseling X <input type="checkbox"/> Predatory Lending X <input type="checkbox"/> Employment/Unemployment X |
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6. Does your organization provide substantive training to volunteer attorneys?

Yes No In some cases

If yes, please describe: _____

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

Litigation support Yes No _____
Fee waivers Yes No _____
Translators Yes No _____
Other Yes No _____

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

___ community overview, issue overview, supervision when on site

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: ___ unknown _____

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

Yes No