

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information

Organization Name: <u>Hyacinth Aids Foundation</u>	Contact Name: <u>Manuel Castaneda</u>
Organization Address: <u>317 George Street</u> <u>Suite 203</u> <u>New Brunswick, NJ 08901</u>	Contact E-mail: <u>mcastaneda@hyacinth.org</u>
Web Address: <u>www.hyacinth.org</u>	Telephone #: <u>(732) 246-0204</u> Fax #: <u>(732) 246-4137</u>

B. Organization Information

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

Hyacinth staff and volunteers provide services to people living with HIV; HIV counseling and testing; prevention education; training and education on HIV to service providers and general public; and Hyacinth also serves as a critical voice in the public policy debate surrounding AIDS in New Jersey.

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 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 | <input type="checkbox"/> Other _____ |

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

Hyacinth legal services department provides legal advice and representation for people living with HIV/AIDS on legal issues pertaining to or as a result of their HIV and status.

4. Service area:

- Statewide
 County based (please list counties served)

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Locally based (please list areas served)

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.

X Family

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

X Housing/Landlord Tenant

X Immigration

- Asylum
- Naturalization

X Health

- SSI/SSD

X Wills

X Consumer

- Bankruptcy
- Credit/Debt counseling
- Predatory Lending

Transactional

- Non-profit corporate
- Community Development
- Tax

Senior/Elder law

- Bankruptcy
- Credit Counseling
- Predatory Lending

X Civil Rights

X Employment/Unemployment

X Guardianship

X Other Discrimination,
Confidentiality
Insurance

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

- Yes No In some cases

If yes, please describe:

We provide training for volunteer attorneys or HIV and how to deal with HIV clients.

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

Litigation support Yes No _____
 Fee waivers Yes No _____

Translators Yes No Spanish (staff) _____
Other Yes No _____

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

We have periodic evaluations/checks on the progress of costs.

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