

**Pro Bono Opportunities**  
**NJ State Bar Web Posting Form**

**A. Contact Information**

Organization Name: <u>Legal Services of New Jersey</u>	Contact Name: <u>Anu Gurnani</u>
Organization Address: <u>100 Metroplex Drive, Suite 402</u>	Contact E-mail: <u>agurnani@lsnj.org</u>
<u>Edison, NJ 08818</u>	Telephone #: <u>(732) 572-9100</u>
Web Address: <u>www.lsnj.org</u>	Fax #: <u>(732) 572-0066</u>

**B. Organization Information**

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

**To provide free legal information, advice and representation to eligible low-income New Jersey residents in civil matters.**

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 checked="" 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 services provided by your organization.

**Legal Services of New Jersey provides legal representation to eligible low income individuals in civil legal matters. We do not provide representation in criminal proceedings.**

4. Service area:

Statewide - **All counties are served through LSNJ and regional offices.**

County based (please list counties served)

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.

**Family**

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

Visitation

**Health**

SSI/SSD

**Wills**

**Transactional**

- Non-profit corporate
- Community Development
- Tax

**Civil Rights**

**Guardianship**

**Other Education**

**Housing/Landlord Tenant**

**Immigration**

- Asylum
- Naturalization
- Violence Against Women Act (VAWA)

**Consumer**

- Bankruptcy
- Credit/Debt counseling
- Predatory Lending

**Senior/Elder law**

- Bankruptcy
- Credit Counseling
- Predatory Lending

**Employment/Unemployment**

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

- Yes       No       In some cases

If yes, please describe:

**LSNJ provides training and materials in a wide variety of areas annually. The training is provided at no cost to attorneys who agree to accept two *pro bono* cases in the following year of the training.**

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

- |                    |   |                             |  |
|--------------------|---|-----------------------------|--|
| Litigation support | <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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <b><u>Training and ongoing mentoring</u></b> |

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

**Supervision can be provided on a case by case basis.**

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

Yes                       No

If yes, please describe:

**Our professional malpractice insurance includes primary coverage for *pro bono* attorneys.**

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