



KANSAS LEGAL SERVICES *PRO BONO* APPLICATION

I am interested in the *Pro Bono* Program of Kansas Legal Services (KLS) and I am willing to provide free service to a low income client or child as a volunteer. No potential client will be given my name without my specific approval. Each potential client will be screened for financial eligibility through KLS. Many of the cases referred will be cases that KLS cannot accept due to conflicts or other barriers. Clients using this program understand that the attorney has agreed to provide services at no cost for the referred case only. Clients also understand that they may be required to pay filing fees, witness fees, etc. Acceptance of the case is with no expectation of payment for my time or office expenses. KLS may be able to help with extraordinary litigation expenses, when the interests of justice require it.

(Please print or type)

Name _____ Supreme Court ID # _____
Mailing Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____ Email _____

(Please note that you will primarily be contacted via email)

____ I am a lawyer in good standing with the Kansas Supreme Court.
____ I have professional liability insurance with (Name of Company): _____
____ I do not have professional liability insurance.
____ I will serve the following counties: _____
Year admitted to the bar: _____ States I am licensed in: _____

TYPES OF CASES

(select all that apply)

<input type="checkbox"/> Divorce:	<input type="checkbox"/> Defense/Negotiation:	<input type="checkbox"/> Insurance Policy Problems
<input type="checkbox"/> <i>With children</i>	<input type="checkbox"/> <i>Tenant</i>	<input type="checkbox"/> Guardian/Conservatorship
<input type="checkbox"/> <i>Without children</i>	<input type="checkbox"/> <i>Collection</i>	<input type="checkbox"/> Guardian ad Litem
<input type="checkbox"/> Child Support/Parenting Time	<input type="checkbox"/> <i>Tort defense</i>	<input type="checkbox"/> Post Judgment Domestic
<input type="checkbox"/> Paternity	<input type="checkbox"/> DCF (denial of benefits)	<input type="checkbox"/> Simple Will Preparation
<input type="checkbox"/> Adoption	<input type="checkbox"/> Annulment	<input type="checkbox"/> Social Security Disability
<input type="checkbox"/> Civil Restraining Order	<input type="checkbox"/> Home Foreclosure	<input type="checkbox"/> Immigration Law
<input type="checkbox"/> Domestic Abuse (PFA Hearings)	<input type="checkbox"/> Bankruptcy (Simple Chapter 7)	<input type="checkbox"/> Unemployment Compensation

____ Willing to meet with *pro se* individuals for limited scope document review
____ Willing to help with legal outreach clinics
____ Willing to help at a Courthouse Self Help Center
____ Willing to take calls on the Elder Law Hotline

Please indicate below which areas of law are new to you and you will be matched with a mentor:

Please return completed application to:

Joy Springfield
Director of Pro Bono Services
712 S. Kansas Avenue, Suite 200
Topeka, KS 66603
springfieldj@klsinc.org