



PRIVATE ATTORNEY INVOLVEMENT PROJECT
Attorney Volunteer Application

Name: _____ DOB: _____
Office Address: _____ City, ST: _____
Mailing Address: _____ City, ST: _____
Phone: _____ Fax: _____ Email Address: _____
Handicapped Accessible Office: __ Yes __ No Willing to Do Home Visits: __ Yes __ No
BBO #: _____ Usual Hourly Rate: \$ _____ Non-English Languages Spoken: _____

Geographic Service Areas

- Bristol County Plymouth County Barnstable County
Dukes County Nantucket County Norfolk County

Limited Assistance Panels (Workshops/Clinics)

- Pro Se Family Law Consumer Debt Clinic Estate Planning

Full Representation Referrals

Please select all that apply:

- I will accept pro bono referrals in the below categories.
I will accept compensated referrals (hourly rate of \$50.00) in the below categories.
I would like to provide mentorship in the below categories.
I have retired and would like to volunteer as a retiree pursuant to SJC Rule 4:02(8)(b).

FAMILY

- Divorce Custody/Visitation/Paternity Child Support
Guardianship- Minor Guardianship- Adult

CONSUMER

- Bankruptcy- Ch. 7 Bankruptcy- Ch. 13 93A
FDCPA/FCRA Debt Collection Defense

ESTATE PLANNING

- Will Durable Power of Attorney Health Care Proxy
Special Needs Trust

HOUSING

- Eviction Defense- Private Eviction Defense- Public Foreclosure
Deed Transfer Discrimination

EMPLOYMENT

- Unemployment Discrimination Wage Theft

OTHER

- SSI SSDI CORI
Education Immigration

Please return to SCCLS PAI:

vgautney@sccls.org

fax: (508) 676-8657

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Victoria Gautney

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Fall River, MA 02722