## **DISTRICT 9 PRO BONO COMMISSION**

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You must complete this Application in its entirety, including the personal & financial information on Page 1, Narrative on Page 2, & the Agreement on Page 4. The completed Pages 1, 2, & 4 must be returned to the Legal Volunteers office either by mail or fax.

IF ANY PORTION OF YOUR APPLICATION IS LEFT BLANK, IT WILL NOT BE EVALUATED. MAIL OR FAX THIS DOCUMENT AND THE SIGNED AGREEMENT TO: District 9 Pro Bono Commission P.O. Box 94

Richmond, IN 47374 Phone: 765-935-5053

## **DISTRICT 9 PRO BONO COMMISSION** TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW: For Example: Why do you think you need an attorney? **USE ADDITIONAL SHEET IF NECESSARY**

## **DISTRICT 9 PRO BONO COMMISSION RETAINER AGREEMENT**

Ι	, have requested referral to a private
attorney through the District 9 Pro Bono Con	have requested referral to a private mission pro bono program for representation in the
following matter:	
I understand that the pro bono attorney will r	eview and evaluate my case and determine whether
or not to accept me as a client. I further unde	erstand that the District 9 Pro Bono Commission is
responsible for the referral only and has abso	lutely no authority over the pro bono attorney's
designer to consent or decline legal assistance	The nature of the services to be provided will be
determined by the pro bono attorney on an or	ngning hasis
determined by the pro bono attorney on an or	igonig owns.
I was to well and this agreement any time. I w	inderstand that I have the responsibility to inform the
Timay terminate this agreement any time. It	age in my household, income, and resources. I
District 9 Pro Bono Commission of any chair	ially ineligible for representation by the District 9
Understand and agree that it i become imane	his agreement. Additionally, if I become ineligible
Pro Bono Commission, they may terminate to	al law or federal regulation, the District 9 Pro Bono
Commission may have to withdraw the refer	ml made to the pro hono attorney
Commission may have to withdraw the refer	ial made to the pro bono attorney.
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Date:	
Date.	Client Signature
<b>CLIENT AUTHOR</b>	IZATION AND RELEASE
I,	authorize the District 9 Pro Bono Commission to my case to the pro bono attorney(s).
release records and information pertaining to	my case to the pro bono attorney(s).
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Date:	
	Client Signature
DECL ADAMI	
DECLARATION	ON OF CITIZENSHIP
I hereby declare that I am a citizen of the Ur	aited States
I lieleny decidie mat I am a citizen of the Of	The party
Date:	
	Client Signature