

Survivor's Project Pro Bono Attorney Form

1. Name: _____

2. Organization: _____

3. Email Address: _____

4. Phone Number: _____

5. Bar Number: _____

6. I can provide assistance as a/an...

Attorney

Field Expert

Medical Professional

7. Are you licensed to practice in Texas?

Yes

No

8. How many years have you been practicing law?

9. What is your field of expertise?

10. What skills can you contribute to the Survivor's Project?

11. Are you proficient or fluent in any foreign language?

Yes: _____

No

12. If yes, what is your proficiency level?

Elementary

Intermediate

Advanced

13. I am able to start volunteering by this date: _____

14. How much time are you able to commit to volunteering?

15. Are there any restrictions to the cases you can take?

Yes: _____

No

16. Are there any types of cases you prefer to take?

Yes: _____

No

17. Do you have a number of cases you are able to take?

Yes: _____

No

18. Have you previously received any training with clemency?

Yes: _____

No

19. Have you previously received any training in trauma informed care?

Yes: _____

No

20. Is there anything else you would like for us to know?
