

AIDS LAW PROJECT OF PENNSYLVANIA
LAWYER REFERRAL QUESTIONNAIRE

NAME _____

FIRM/AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____

EMAIL ADDRESS _____

LIST YOUR LANGUAGES _____

Where are you admitted to Practice? PA _____ NJ _____ Other _____

Are you covered by attorney malpractice insurance? Yes _____ No _____

Please note if you limit your practice to specific counties: _____

Are you willing to represent clients: (Please check all that apply)

- _____ in fee-generating cases;
- _____ in no-fee-generating cases, *pro bono*;
- _____ on income-based sliding fee basis.

Are you willing to make emergency visits (within 1-2 days) to client homes or hospital rooms?

No _____ Yes _____ Conditions (e.g. only in Center City): _____

PLEASE CHECK THE AREAS OF PRACTICE FOR WHICH YOU WILL ACCEPT REFERRALS

- | | |
|-------------------------------------|---------------------------------------|
| _____ Wills | _____ Landlord/Tenant Matters |
| _____ Living Wills | _____ Real Estate |
| _____ Powers of Attorney | _____ Medical Malpractice |
| _____ Probate/Estate Administration | _____ Medical Care Discrimination |
| _____ Employment Discrimination | _____ Insurance Matters |
| _____ Workers' Compensation | _____ Consumer/Debtor Rights |
| _____ Public Accommodation Access | _____ Bankruptcy |
| _____ Government/Public Benefits | _____ Tax/IRS Matters |
| _____ Criminal Defense | _____ Family Law |
| _____ Prisoner Rights | _____ Guardianship |
| _____ Military | _____ Defamation/Libel |
| _____ Immigration | _____ Invasion of Privacy |
| _____ Housing Discrimination | _____ HIV/AIDS Confidentiality Issues |

Other areas of practice: _____

How/Where did you get this form? _____

ADDITIONAL COMMENTS/SUGGESTIONS/INFORMATION: _____

Return Questionnaire to: AIDS Law Project of Pennsylvania
1211 Chestnut St. Ste. 600
Philadelphia, PA 19107 (Phone #: 215-587-9377)

RECEIVED AT ALPP: _____ ENTERED ON COMPUTER: _____

UPDATE SENT: _____