

**LEGAL AID OF THE BLUEGRASS  
PRO BONO PROGRAM  
ATTORNEY INFORMATION SHEET**

- YES, I will commit and accept pro bono cases.  
 I am willing to accept \_\_\_\_\_ (number of) cases per year
- I am willing to accept referrals on a case by case basis with no specific number limitation per year.
- I am willing to accept Spanish speaking clients.
- I would like to mentor a Law Student during the course of representation.

**I am willing to accept referrals in the following areas:**

**FAMILY LAW**

- Contested divorce (issues in dispute regarding property and debts)  
 Contested divorce/custody (issues in dispute regarding property, debts and/or custody)  
 Custody  Visitation  Child Support Increase  
 Child Support Decrease  Legal Separation  Annulment  
 Adoption

**CONSUMER**

- Chapter 7 Bankruptcy  Chapter 13 Bankruptcy  Foreclosure Defense  
 Lemon Law  Repossession  Installment Purchases  
 Pay Day Loans  Worker's Compensation

**OTHER**

- Small Claims  Insurance  Unemployment Appeals  
 Landlord/Tenant  Education  Simple Wills  
 Simple Probate  Contracts  Tort Defense  
 Home Ownership/Real Property  Other \_\_\_\_\_

**I would like to be contacted through:**

- Email/Fax (Email Address and Fax) \_\_\_\_\_
- Phone (Phone Number) \_\_\_\_\_
- Mail (Address) \_\_\_\_\_
- My Assistant (Name & Email) \_\_\_\_\_

\*Please fax form to 859-233-1907 or email to [jfain@lablaw.org](mailto:jfain@lablaw.org) – Thank you!

I regret that I cannot participate in the Pro Bono Program during the 2015 fiscal year. However, please accept my tax deductible donation of \$\_\_\_\_\_. (Please make checks payable to Legal Aid of the Bluegrass)

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please return to:**

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[jfain@lablaw.org](mailto:jfain@lablaw.org)