

Call 4ALL

A program of the North Carolina Bar Association Foundation and
Legal Aid of North Carolina Legal Services Helpline

A. Contact Information:

NAME: _____ LAW FIRM: _____

ADDRESS: _____
Street/PO Box City State Zip Code

PHONE: () _____ FAX: () _____ E-mail: _____

Bar admission date: _____

I am a North Carolina State Bar Certified Specialist in: _____

B. Call 4ALL Volunteer Information: (Check all that apply)

I can accept cases: Weekly Twice a month Monthly

I am willing to help with the following types of cases:

Landlord/Tenant Public/Subsidized Housing Medicaid Consumer Employment Security Simple Estate Administration and Planning Guardianship Custody

I would like training for the following types of cases:

Landlord/Tenant Public/Subsidized Housing Medicaid Consumer Employment Security Simple Estate Administration and Planning Guardianship Custody

Call 4ALL Pledge:

I agree to provide *pro bono* services to clients pre-screened by Legal Aid of North Carolina through monthly or weekly one-hour interviews, providing advice and/or discrete services for such term as agreed upon by me.

Signature: _____ Date: _____

C. In addition to volunteering through the Call 4ALL

I will consider accepting the following types of matters for Legal Aid of North Carolina's clients: (Check all that apply)

BANKRUPTCY

Chapter 7 Petitioner
 Named Creditor
 Other:
(Specify: _____)

CONSUMER

Car Repair Disputes
 Collections/Executions
 Foreclosures
 Lemon Law (N.C.G.S. § 75-16)
 Mobile Home Defect Claims
 Collections/Executions
 Repossessions
 Unfair Debt Collections
 Unfair/Deceptive Trade Practices
 Utility Cutoffs
 Other:
(Specify: _____)

CORPORATE

Nonprofit Incorporations
 Other:
(Specify: _____)

EDUCATION

Public School Discipline/Suspensions
 Special Education Issues
 Student Loan Issues
 Other:
(Specify: _____)

EMPLOYMENT

Employee Benefits Claims
 Employment Discrimination
 Pension Plans
 Unemployment Insurance
 Wage Claims
 Worker's Compensation
 Wrongful Discharge
 Other:
(Specify: _____)

FAMILY LAW

Adoptions
 Contested Custody
 Divorce (To Secure Public Benefits)
 Domestic Violence (50-B)
 Name Changes
 Other:
(Specify: _____)

GOVERNMENT BENEFITS

Medicaid/Medicare Eligibility
 Medicaid Part D Prescription Benefits
 Social Security Disability
 SSI/Medicaid Asset Issues
 Veterans Administration
 Other:
(Specify: _____)

HEALTH CARE

COBRA
 Insurance Claims
 Nursing Home Transfer/Discharge Issues
 Services to Non-English Speaking Persons
 Other:
(Specify: _____)

HOUSING

Conversion of Property
 Evictions
 Private Landlord
 Public Housing
 Failure to Repair/Rent Rebate
 Other:
(Specify: _____)

IMMIGRATION

Deportation
 Domestic Violence
 LPR Applications
 Political Asylums
 Other:
(Specify: _____)

REAL ESTATE

Boundary Disputes
 Deeds/Title Questions
 Property Transfers
 Zoning Issues
 Other:
(Specify: _____)

TAX

Alleged IRS Liability
 Property Tax Disputes
 Other:
(Specify: _____)

WILLS/ESTATES

Expedited Service to Terminally ill Clients
 Estate Administration
 Guardianship
 Living Will/Health Care Powers of Attorneys
 Power of Attorney
 Simple Trusts for Children of Disabled Parents
 Simple Wills
 Other:
(Specify: _____)

D. Please FAX or email your completed form to Kathy Jefferson at 919-657-1585 or kjefferson@ncbar.org.