

# Pro Bono Eligibility Form

## Virginia Court Reporters Association

Pro Bono/Community Services Committee  
(703) 534-1225 Fax: (703) 534-6747  
info@mar-reporting.com

(VCRA minimum guidelines must be met. Not all matters will be accepted. Complete this form, and mail, fax or e-mail for submittal to the Pro Bono Committee for review and approval. A regional coordinator will contact you. When possible, this form should be submitted 30 days prior to requested service. This is to be completed by the client or client's legal representative. All information will remain confidential.)

### Client Eligibility/Application Form

Date of Submittal: \_\_\_\_\_

Attorney's name: \_\_\_\_\_

Legal Aid Society: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Marital Status: Married Single Divorce Separated Widowed

Resident status: \_\_\_\_\_

Do you have any disabilities? Y / N Explain: \_\_\_\_\_

Do you have a language barrier? Y / N

If so, will you need an interpreter? Y / N What language of translation? \_\_\_\_\_

Client's current employer: \_\_\_\_\_

Position: \_\_\_\_\_

How long employed? \_\_\_\_\_ Work phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Position: \_\_\_\_\_

How long employed? \_\_\_\_\_ Work phone: \_\_\_\_\_

Current income (year to date): \$ \_\_\_\_\_ (attach copy of recent pay stub)

Hardship deductions:

Alimony/Child Support \$ \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Mortgage/Rent monthly \$ \_\_\_\_\_ Family Size: \_\_\_\_\_

Medical Bills \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Type of Case Matter: (Circle) Divorce Custody Housing Medical Debtors Elder

Shelter Family Education Oppressive/Exploitative other \_\_\_\_\_

Are you covering any legal expenses, i.e., filing, retainer, witness fee? Y / N

Is anyone else covering/sharing legal expenses with you? Y / N

If you are successful in your lawsuit, will you reimburse anyone for litigation expenses? Y / N

I Certify that the information contained herein is truthful, complete, comprehensive and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form and a copy of your complaint by mail, or fax to:

VCRA, Pro Bono/Community Services Committee  
200 Little Falls Street  
Suite 410  
Falls Church, VA 22046  
Mario A. Rodriguez, Pro Bono Committee Chair