



SBAND VOLUNTEER LAWYER PROGRAM DIRECT INTAKE FORM

One of the goals of the State Bar Association of North Dakota Volunteer Lawyer Program is to maintain a record of all *pro bono* or *reduced fee* legal work by Bar members. Your legal work is classified as “pro bono” if your client is indigent and you are not compensated for your legal work. Your work qualifies for this “reduced fee” program if the client meets the reduced fee income guidelines and you agree to be compensated at the specified reduced fee rates. Income guidelines for pro bono and reduced fee, and the rates for reduced fee, are printed on the reverse of this form. Please use this form to inform the Volunteer Lawyer Program of your *pro bono* legal work or your *reduced fee* legal work. Do not use this form for cases referred to you by the SBAND Volunteer Lawyer Program.

The Volunteer Lawyer Program offers malpractice insurance coverage for this case at no cost to you. This coverage is effective as of the date of the receipt of this form by the Volunteer Lawyer Program.

Please fax this form to (701)224-1621 or mail the form to: State Bar Association of North Dakota, P.O. Box 2136, Bismarck, ND 58501.

Attorney Name: _____

Attorney Address: _____

Client Name: _____

Client Address: _____

Client Telephone Number: _____

Circle one of the following: **Pro Bono** **Reduced Fee**

Case Type: _____ **Venue:** _____

Date Representation Started: _____

PLEASE INITIAL ONE:

“THIS CLIENT IS INDIGENT AND I WILL NOT BE COMPENSATED
FOR MY LEGAL WORK ON THIS CASE.”

(Attorney to Initial)

“THIS CLIENT QUALIFIES FOR THE REDUCED FEE PROGRAM, AND I
AGREE TO BE COMPENSATED AT THE SPECIFIED REDUCED FEE RATE.”

(Attorney to Initial)

*(Upon receipt of this form, the Volunteer Lawyer Program will forward
a closure form to you to account for case completion)*