

NEEDED



LAWYERS FOR THE HOMELESS LEGAL CLINIC

HEALTHCARE FOR THE HOMELESS

FIRST AND MOUNTAIN ROAD NW, ALBUQUERQUE

FRIDAYS, 9 TO 11 A.M.

VOLUNTEER ATTORNEYS ARE NEEDED TO:

● **Staff the Homeless Legal Clinic.** Attorneys meet with homeless persons in one- to two-hour sessions and provide on-the-spot legal information and advice as well as referrals to low income/pro bono legal service programs. In many instances, the problems of the interviewees can be resolved at the clinic. The HLC is fully equipped with a telephone, computer with Internet access, printer, standard office supplies, New Mexico statutes, and resource materials and manuals that address specific issues that the homeless face. A trained attorney will assist you until you feel comfortable staffing the clinic by yourself. Even if you are a new lawyer, you will be surprised at how much you have to offer these clients and how your help can make such a major difference in their lives. Volunteer hours count toward fulfilling the obligation of 50 hours of pro bono work under Supreme Court Rule 16-601 NMRA. The HLC is covered by a malpractice insurance policy through the State Bar of New Mexico.

I am available to staff the HLC at the times and place noted above. Call me to schedule a date.

● **Serve as an “information referral resource.”** Assist clinic attorneys in answering questions in specialized areas of the law such as domestic relations, criminal law, landlord/tenant law, government benefits, and consumer law.

I am available as an information resource, which means that volunteers staffing the HLC can call me with questions.

● **Join the pro bono referral list.** Volunteer to take cases that cannot be resolved during the limited time period the HLC provides.

I would like to be placed on the pro bono referral list.

Check the areas of law that you would be able to assist with:

- Domestic Relations Criminal Law Government Benefits Consumer Law Landlord/Tenant
- Immigration Civil Rights Tort Other _____

Name: _____

Address: _____
Street

_____ *City*

_____ *ZIP*

Telephone _____

Fax: _____

E-mail: _____

Please return to:
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