

COURT ASSISTANCE OFFICE  
ATTORNEY ROSTER APPLICATION

\_\_\_ Yes I would like to be [ ] added to [ ] retained on the Court Assistance Office Attorney Referral Roster.  
(If being retained only indicate any changes after printing your name)

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Office Hours: \_\_\_\_\_

General Areas of Practice: (check all that apply)

- |  |   |                      |
|--|---|----------------------|
| <input type="checkbox"/> Adoption              | <input type="checkbox"/> Enforce Non-family Order | Other (please list): |
| <input type="checkbox"/> Bankruptcy            | <input type="checkbox"/> Employment               | _____                |
| <input type="checkbox"/> Business Law          | <input type="checkbox"/> Landlord/Tenant          | _____                |
| <input type="checkbox"/> Collection/Consumer   | <input type="checkbox"/> Minor Guardianship       | _____                |
| <input type="checkbox"/> Contract/Business Law | <input type="checkbox"/> Protection Order (DV)    | _____                |
| <input type="checkbox"/> Criminal Defense      | <input type="checkbox"/> Real Estate              | _____                |
| <input type="checkbox"/> Enforce Family Order  | <input type="checkbox"/> Will/Probate             | _____                |

Types of limited services I provide:

- Advice and consultation     Document/Form review     Document Preparation  
 Other (please describe): \_\_\_\_\_

Professional liability insurance coverage limit: \_\_\_\_\_

States in which licensed to practice law: \_\_\_\_\_ ISB # \_\_\_\_\_ Admit date \_\_\_\_\_

My office is: \_\_\_ accessible to the disabled \_\_\_ not accessible to the disabled (list barriers): \_\_\_\_\_

I am fluent in these foreign languages: \_\_\_\_\_ or have an interpreter available for \_\_\_\_\_

Geographical range in which I am willing to work: \_\_\_\_\_

Standard fees are: \_\_\_\_\_

\_\_\_ Yes, I am willing to reduce my rate to \_\_\_\_\_ for low-income individuals

\_\_\_ Yes, I am willing to provide brief consultations at [ ] no [ ] low cost of \_\_\_\_\_.

\_\_\_ Yes, you may list me for IVLP Pro Bono referral

Name of person completing form: \_\_\_\_\_

**I understand my listing will appear for one year, I may request removal from the roster at any time, and the project may remove my listing after notice.**

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

Please return to: Court Assistance Office Project  
Keri D. Parks  
Administrative Assistant  
P.O. Box 83720  
Boise, ID 83720-0101