Court Assistance Services - Attorney Roster Application

① Your Information:

Name: _____ Firm Name: _____

Address: _____ City: _____

State: Idaho Zip: _____ County: _____ ☐ My office is ADA Compliant.

Your willingness to travel: ☐ Adjacent counties ☐ Within Judicial District ☐ Outside of Judicial District

Phone: _____ Fax: _____ Office Hours: _____

Email: _____ Website: _____

Other languages spoken (or have interpreter for): _____

② General Areas of Practice: (check all that apply)

The goal of the CAO Attorney Roster is to provide information about attorneys who may be willing to handle all or part of a case most commonly sought by individuals with limited or modest means requesting help at Court Assistance Offices. Please indicate if you accept cases in the following areas:

Family Law

- ☐ Divorce/Annulment
- ☐ Custody/Visitation
- ☐ Custody/Child Support Modification or Enforcement
- ☐ Adoption/Terminations
- ☐ Guardianship/Conservatorships

Civil Law

- ☐ Collection/Consumer
- ☐ Bankruptcy
- ☐ Landlord/Tenant
- ☐ Real Estate
- ☐ Wills/Probate
- ☐ Other: _____

③ Fees & Services: (check all that apply)

My standard fees are: $_____ per hour

☐ Yes, I am willing to reduce my rate for low income individuals to $ _____.

☐ Yes, I am willing to provide brief consultations at ☐ no **or** ☐ low cost of $ _____.

☐ Yes, I am willing to provide unbundled services. (please check all services below that apply)

- ☐ Advice & Consultation
- ☐ Child Support Calculation
- ☐ Document/Form Review
- ☐ Document Preparation
- ☐ QDRO/DRO
- ☐ Temporary Visitation Order
- ☐ Other: _____

④ License & Insurance:

States licensed: ☐ Idaho; Others: _____ ISB# _____ Admit Date (year):_____

Professional Liability Insurance Coverage limit: $_____

☐ Yes, I am also willing to do pro bono work for IVLP. (Note: this will only be shared with IVLP, not posted on the site.)

I would like to be added to the Court Assistance Services Attorney Referral Roster. I understand my listing will appear for one year, I may request removal from the roster at any time, and Court Assistance may remove my listing after notice.

Signature: _____ Date: _____

To return this form, **please click "Submit"** in the top right-hand corner.

If you need further information or assistance, please contact: Keri Nelson at knelson@idcourts.net **or 947-7427**