

Probate and Family Court
Limited Assistance Representation (LAR) Attorney Listing Information

Name _____ Phone _____

Firm Address _____ Website _____

_____ Email _____

_____ Fax _____

FEE INFORMATION (Subject to attorney verification upon consultation)

0.5 hours: _____ 1.0 hour _____

Methods of Payment: Please check:

Cash _____ Check _____ Credit Card _____

Liability Insurance? (Y or N) _____

Member of a lawyer referral or pro bono network (list) _____

Please list any languages/dialects, in addition to English, in which you are proficient and are willing to offer legal assistance _____

Which areas of Probate and Family Law are you willing/able to provide Limited Assistance with (please check all that apply)?

_____ All areas of Family Law

_____ Divorce

_____ Contempt

_____ Custody

_____ Modification

_____ Paternity

_____ Adoption

_____ Appeals

_____ All areas of Probate Law

_____ Estates

_____ Wills

_____ Name Change

_____ Guardianship

_____ Conservatorship

I give permission for the information I have provided to be made available to those who seek limited assistance representation, and I recognize that all terms are finalized upon consultation.

Signature of Attorney

Date