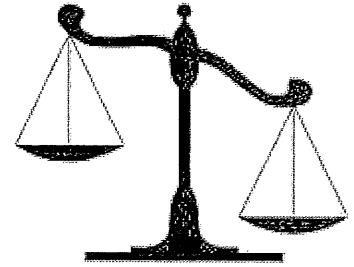


# OPTION TWO APPLICATION

\_\_\_\_\_ CIRCUIT

STANDING COMMITTEE ON PRO BONO LEGAL SERVICE



Organization: \_\_\_\_\_ or \_\_\_\_\_

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

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

\_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_ Facsimile: \_\_\_\_\_

*PLEASE ACCEPT THIS AS OUR APPLICATION FOR APPROVAL OF THE COLLECTIVE SATISFACTION PLAN (HEREINAFTER "PLAN") FOR PROVIDING PRO BONO LEGAL SERVICES TO THE POOR OR WORKING POOR AS DESCRIBED BELOW PURSUANT TO RULE 4-6.1(c) OF THE FLORIDA BAR RULES OF PROFESSIONAL CONDUCT.*

**PLAN TYPE** (Please place an "X" in appropriate box below):

_____	A major case or matter involving a substantial expenditure of time and resources.
_____	A full-time community or public service staff.
_____	Any other manner that has been approved by the circuit pro bono committee in the circuit in which the firm practices.

**PLAN CATEGORY** (Please place an "X" in appropriate box below):

_____	Representation of clients through case referral.
_____	Interviewing of prospective clients.
_____	Participation in pro se clinics and other clinics in which lawyers provide advice and counsel.
_____	Acting as co-counsel on cases or matters with legal assistance providers and other pro bono lawyers.
_____	Providing consultation services to legal assistance providers for case reviews and evaluations.
_____	Participation in policy advocacy.
_____	Providing training to the staff of legal assistance providers and other volunteer pro bono attorneys.
_____	Making presentations to groups of poor persons regarding their rights and obligations under the law.
_____	Providing legal research.
_____	Providing guardian <i>ad litem</i> services.
_____	Providing assistance in the formation and operation of legal entities for groups of poor persons.
_____	Serving as a mediator or arbitrator at no fee to the client-eligible party.
_____	Legal services to the following charitable organization: _____ *
_____	Legal services to the following religious organization: _____ *
_____	Legal services to the following educational organization: _____ *

\*Whose overall mission and activities are designed predominately to address the needs of the poor, including the working poor.

PLAN DETAILS (Please describe, including but not limited to the anticipated distribution of the hours earned, in space provided below. If additional space is needed, please attach additional sheet.):

Multiple horizontal lines for writing plan details.

WE HEREBY CERTIFY that said PLAN is in compliance with [Rule 4-6.1(c)] and the distribution of the pro bono hours earned shall be done in a fair and reasonable manner as determined by the firm. (Attach additional information if necessary)

SUBMITTED BY

Print Name: \_\_\_\_\_

DATE

SUBMIT TO: \_\_\_\_\_ (name) \_\_\_\_\_ (email) \_\_\_\_\_ (address)

DO NOT WRITE BELOW THIS POINT

Approval section with fields for APPROVED/DENIED, BY: (On behalf of the \_\_\_\_\_ Circuit Standing Committee on Pro Bono Legal Service), and DATE.

COMMENTS: \_\_\_\_\_