



Emeritus Project Attorney Application

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail: _____

Cell Phone Number: _____

Areas of Law Practiced: _____

I am interested in working in the following areas of law and/or with the following types of clients:

Language spoken other than English: _____

Can you use sign language? Yes No

If you would like your work to be limited to any particular area of the state, what area would you prefer: _____

If you know which agency you would like to work with, please check that agency in the list below. If you do not have a preference, we will match you with an agency that best fits your experience.

- | | |
|---|--|
| <input type="checkbox"/> Statewide Legal Services | <input type="checkbox"/> Greater Hartford Legal Aid |
| <input type="checkbox"/> Connecticut Legal Services | <input type="checkbox"/> AIDS Legal Network |
| <input type="checkbox"/> New Haven Legal Assistance Association | <input type="checkbox"/> Connecticut Lawyers' Legal Aid to the Elderly |
| <input type="checkbox"/> Lawyers for Children America | <input type="checkbox"/> Volunteer Income Tax Assistance |
| <input type="checkbox"/> Lawyers Without Borders | <input type="checkbox"/> Low Income Taxpayer Clinics |
| <input type="checkbox"/> Pro Bono Partnership | <input type="checkbox"/> Truancy Intervention Program |
| <input type="checkbox"/> Connecticut Fair Housing Center | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> International Institute of Connecticut | <input type="checkbox"/> Bankruptcy Court |

Please send application to:

Melissa Dewey, Law Related Outreach Specialist, E-mail:mdewey@ctbar.org
Connecticut Bar Association, PO Box 350 New Britain, CT 06050-0350