

***Pro Bono Opportunities***  
**NJ State Bar Web Posting Form**

<b>A. Contact Information</b>	
Organization Name: <u>Immigration Community Outreach, Inc.</u>	Contact Name: <u>Mayra LaMantia</u>
Organization Address: <u>17 Academy Street, Suite 308,</u> <u>Newark, NJ 07102</u>	Contact E-mail: <u>info@njico.org</u>
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	Fax #: <u>( )</u>

**B. Organization Information**

1. In a few sentences state the overall mission of your organization.

Immigration Community Outreach is a 501 (c) 3 non-profit organization aimed at assisting the undocumented with legal representation, while also assisting them with access to necessary social programs. Our agency specifically wants to bring attention to immigrant women, who are victims of domestic violence and need assistance advocating for asylum, while seeking psychological care. We are also focused on helping unaccompanied immigrant children, seek immigration relief, whether it be protection from returning to their countries of persecution or classification as special immigrant juveniles through the family courts and before USCIS.

2. Please use the boxes (check as many as apply) and lines below to identify and briefly describe the population(s) for which your organization provides services, be sure to include information on characteristics such as age, disability or income, that might be used in establishing eligibility for your services.

- |  |   |
|--|---|
| <input type="checkbox"/> Seniors/Elderly                 | <input checked="" type="checkbox"/> Children/Families |
| <input type="checkbox"/> HIV/AIDS                        | <input type="checkbox"/> Disabled                     |
| <input checked="" type="checkbox"/> Low-income generally | <input type="checkbox"/> Other _____                  |
| <input checked="" type="checkbox"/> Immigrants           | <input type="checkbox"/> Other _____                  |

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3. In a few sentences describe the types of (legal?) services provided by your organization.

We are specifically providing immigration legal services.

4. Service area:

- Statewide  
 County based (please list counties served)

_____	_____	_____
_____	_____	_____
_____	_____	_____

- Locally based (please list areas served)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Pro Bono Opportunities**

5. Please use the boxes below, by checking the general topic area and any specific sub-specialties, to indicate the substantive areas in which you are seeking *pro bono* support.

- Family**
  - Custody
  - Child Support
  - Divorce
  - Domestic Violence
  - Termination of Parental Rights
  - Visitation
- Health**
  - SSI/SSD
- Wills**
- Transactional**
  - Non-profit corporate
  - Community Development
  - Tax
- Civil Rights**
- Guardianship**
- Other**
  - U-Visa \_\_\_\_\_
  - Special Immigrant Juvenil \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Housing/Landlord Tenant**
- Immigration**
  - Asylum
  - Naturalization
- Consumer**
  - Bankruptcy
  - Credit/Debt counseling
  - Predatory Lending
- Senior/Elder law**
  - Bankruptcy
  - Credit Counseling
  - Predatory Lending
- Employment/Unemployment**

6. Does your organization provide substantive training to volunteer attorneys?

- Yes       No       In some cases

If yes, please describe: In some cases we are able to provide substantive training to volunteer attorneys. We are also able to provide guidance and references they can use to understand immigration law.

\_\_\_\_\_

7. Does your organization provide other types of support? If yes, please explain.

- Litigation support     Yes       No    \_\_\_\_\_
- Fee waivers             Yes       No    \_\_\_\_\_
- Translators             Yes       No    \_\_\_\_\_
- Other                     Yes       No    \_\_\_\_\_

