

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information

Organization Name: Women in Transition Contact Name: Shealine Black
Organization Address: 1022 Hamburg Turnpike Contact E-mail: Blacks@wcfservices.org
Wayne, NJ 07470
Telephone #: (973) 694-9215 Fax #: (973) 633-0992
Web Address: www.waynecounselingcenter.org/index.php/programs/programs-for-women

B. Organization Information

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

Our mission is to empower women with the skills and confidence needed to obtain financial independence.

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 checked="" 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 checked="" type="checkbox"/> Other <u>Displaced housewives</u> |
| <input type="checkbox"/> Immigrants | <input checked="" type="checkbox"/> Other <u>Domestic abuse victims</u> |

Most of the women we assist have recently been displaced due to divorce, death of a spouse or domestic violence. The average age of our clients is between 40 –70. Our clients no longer receive child support or financial from their former spouse, and they are unable to find adequate employment due to a lack of education and current job skills.

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

We offer legal workshops for our clients. We invite local lawyers to come in and discuss topics like divorce, domestic violence, housing law, etc.

4. Service area:

Statewide

County based (please list counties served)

Passaic _____
Bergen _____

Locally based (please list areas served)

Wayne _____
Haledon _____

Paterson _____
Passaic _____

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.

- | | |
|---|--|
| <input type="checkbox"/> Family
<input type="checkbox"/> Custody
<input checked="" type="checkbox"/> Child Support
<input checked="" type="checkbox"/> Divorce
<input checked="" type="checkbox"/> Domestic Violence
<input type="checkbox"/> Termination of Parental Rights
<input type="checkbox"/> Visitation | <input checked="" type="checkbox"/> Housing/Landlord Tenant |
| <input type="checkbox"/> Health
<input checked="" type="checkbox"/> SSI/SSD | <input type="checkbox"/> Immigration
<input type="checkbox"/> Asylum
<input type="checkbox"/> Naturalization |
| <input type="checkbox"/> Wills | <input type="checkbox"/> Consumer
<input checked="" type="checkbox"/> Bankruptcy
<input checked="" type="checkbox"/> Credit/Debt counseling
<input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Transactional
<input type="checkbox"/> Non-profit corporate
<input type="checkbox"/> Community Development
<input type="checkbox"/> Tax | <input type="checkbox"/> Senior/Elder law
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Credit Counseling
<input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Civil Rights | <input checked="" type="checkbox"/> Employment/Unemployment |
| <input type="checkbox"/> Guardianship | |
| <input type="checkbox"/> Other _____

_____ | _____

_____ |

6. Does your organization provide substantive training to volunteer attorneys?
 Yes No In some cases
If yes, please describe: _____

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

Litigation support	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Fee waivers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Translators	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

8. What, if any, supervision does your organization provide for volunteer attorneys?

N/A

9. Does your organization provide malpractice coverage for volunteer attorneys?

Yes No

If yes, please describe: _____

10. Does your organization require volunteer attorneys to carry malpractice insurance?

Yes No

If yes, please explain: _____

11. Has the New Jersey Supreme Court approved your program for a Madden exemption?

Yes No - (We are willing to apply for Madden exemption)