

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information

Organization Name: YWCANNJ healingSPACE Contact Name: Alysa Luna
Organization Address: 214 state st. Hackensack NJ 07601 Contact E-mail:
healingspace@ywcannj.org Telephone #: (201)881 1733
Web Address: https://ywcannj.org/healingspace/index.php Fax #:
() _____

B. Organization Information

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

YWCA Northern New Jersey is dedicated to eliminating racism, empowering women, and promoting equality for all. We operate healingSPACE, Bergen County's only Sexual Violence Resource Center (hotline: 201-487-2227), and are a provider of year-round child care, empowerment programs and senior wellness programs. Our 100th year kicked off the expansion of our service area to include Essex, Hudson, Morris, and Passaic counties and our continued commitment to Bergen.

YWCA Northern New Jersey healingSPACE—Bergen County's only Sexual Violence Resource Center—is a safe and welcoming place for survivors of sexual violence and their loved ones.

Our 24/7 crisis intervention hotline ([201-487-2227](tel:201-487-2227)) and online chat staffed by Confidential Sexual Violence Advocates provide free assistance. Support, information, and referrals are available to anyone who has been affected by sexual violence, whether it happened hours or years ago.

Trained advocates provide individual counseling, facilitate support groups, and accompany survivors through medical, legal, and other proceedings associated with sexual violence.

Through our Legal Advocacy Program, YWCANNJ's healingSPACE provides legal advocacy services and access to legal services to survivors of sexual violence in partnership with Northeast NJ Legal Services.

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 type="checkbox"/> Children/Families |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Low-income generally | <input checked="" type="checkbox"/> Other Sexual trauma survivors and their loved ones over the age of 13 |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> Other _____ |

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

Through our Legal Advocacy Program, YWCANNJ's healingSPACE provides legal advocacy services and access to legal services to survivors of sexual violence in partnership with Northeast NJ Legal Services.

4. Service area:

Statewide

County based (please list counties served)

Bergen County _____

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 **Housing/Landlord Tenant**

Custody

Child Support

Divorce

Domestic Violence

Termination of Parental Rights

Visitation

Immigration

Asylum

Naturalization

Health

SSI/SSD

Wills

Transactional

Non-profit corporate

Community Development

Tax

Consumer

Bankruptcy

Credit/Debt counseling

Predatory Lending

Senior/Elder law

Bankruptcy

Credit Counseling

Predatory Lending

Civil Rights

Employment/Unemployment

Guardianship

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 Yes No _____
Fee waivers Yes No _____
Translators Yes No _____
Other Yes No _____

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

Connect with legal advocate for any support the client needs.

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