## **A. Contact Information**

Organization Name: Northeast New Jersey Legal Services

**Organization Address:** 100 Hamilton Plaza, Suite 200 Paterson, New Jersey 07505

Organization Web Address: http://www.northeastnjlegalservices.org

**Contact Name:** Vanessa Craveiro

Contact Email: vcraveiro@lsnj.org

Phone Number: (551) 231-3895

# **B.** Organization Information

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

The mission of Northeast New Jersey Legal Services (NNJLS) is to ensure equal access to justice for residents of Bergen, Hudson, and Passaic Counties, NJ, experiencing poverty. No one should be denied a meaningful opportunity to have their day in court simply because they cannot afford a lawyer.

2. Please select the boxes (check as many as apply) 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.

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

We provide legal services in a variety of civil areas, including housing, public benefits, consumer, family, immigration, issues impacting seniors, education, and issues impacting veterans.

**4. Service area:** County based (please list counties served)

Please specify the county or counties where your services would be applicable Bergen, Hudson, Passaic Counties

# **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.

Consumer, Family, Health, Housing/Landlord Tenant, Immigration, Senior/Elder law, Wills, Education, Veterans

You selected Consumer please select any sub specialties Bankruptcy, Credit/Debt counseling, Predatory Lending

You selected Family please select any sub specialties Custody, Child Support, Divorce, Domestic Violence

You selected Health please select any sub specialties SSI/SSD, SNAP, TANF

You selected Immigration please select any sub specialties Naturalization

You selected Senior/Elder law please select any sub specialties Bankruptcy, Credit Counseling, Predatory Lending

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

In some cases

7. Please select any of the following support your organization provides. Next you'll be ask to explain further.

Litigation support, Fee waivers

#### You selected Litigation support please explain further

We provide forms for many of the documents that need to be filed in our cases, including sample motions, complaints, etc.

#### You selected Fee waivers please explain further

We provide forms and information necessary to assist with fee waiver applications, where applicable.

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

Depending on the area of law, we can supervise the work of our volunteer attorneys. It is case and area of law specific, but please inquire if you are interested in supervision in a particular area of law.

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

### If yes, please describe:

We provide malpractice insurance to those attorneys who do not carry a primary policy. Where attorneys have a primary policy, our malpractice insurance is a secondary coverage policy.

**10.** Does your organization require volunteer attorneys to carry malpractice insurance? No

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