

APPLICATION TO BE RECOGNIZED AS AN ORGANIZATION PROVIDING PRO BONO PROGRAMS OR SERVICES IN OHIO

This application should be completed by an organization seeking recognition by the Commission on Continuing Legal Education as providing pro bono programs or services, pursuant to Gov. Bar R. X, Sec. 5(G).

Please email completed form to:

CACLE@sc.ohio.gov

1. Name of Organization:

2. Address:

City:

State:

ZIP Code:

3. Telephone Number:

4. Telephone Number:

5. Website:

6. Name of Organization Director or Executive Director:

Name:

Phone Number:

Email:

7. Name of person completing this form:

Name:

Phone Number:

Email:

8. What Geographic area does your organization serve?

APPLICANT ORGANIZATION PROFILE

9. Organizational Structure:

☐ Nonprofit Organization

☐ For Profit Corporation

☐ Religious Organization

☐ Educational Institution

☐ Government Entity

☐ Other

10. Is your organization registered with the Ohio Secretary of State?

☐ Yes

☐ No

11. Is your organization registered with the Ohio Attorney General's Office?

☐ Yes

☐ No

12. How many years has your organization been in existence?

13. Number of Support Staff:

14. Is the pro bono program part of a larger organization?

☐ Yes

☐ No

If yes, please describe:

15. Please describe your governing body:

a. Number of officers or directors:

b. How are they appointed:

c. What is the length of their terms:

16. Is the pro bono program certified by an independent organization?

☐ Yes ☐ No

If yes, please describe:

FUNDING AND FINANCIAL INFORMATION

17. What is your organization's funding source(s)?

CLIENT INFORMATION

18. What client population does your organization serve?

19. Does your organization have client eligibility requirements?

☐ Yes ☐ No

If yes, what are they?

20. Does your organization have a client intake process?

☐ Yes ☐ No

If yes, does this process include a conflicts check?

☐ Yes ☐ No

21. How does your organization advertise its pro bono services?

ATTORNEY VOLUNTEERS

22. How does your organization recruit attorney volunteers?

23. How does your organization determine whether a volunteer attorney is in good standing and is otherwise eligible to practice law in Ohio?

24. How does your organization determine what types of cases the volunteer attorney may be assigned to?

25. What training do you provide volunteer attorneys?

26. Is training required for volunteer attorneys?

☐ Yes ☐ No

27. Are there mentoring opportunities provided to volunteer attorneys?

☐ Yes ☐ No

28. Does your organization supervise its volunteer attorneys?

☐ Yes ☐ No

29. Do you require that volunteer attorneys have malpractice insurance?

☐ Yes ☐ No

30. Do you provide malpractice insurance for volunteer attorneys?

☐ Yes ☐ No

COMPLAINTS AND GRIEVANCES

31. Does your organization have a mechanism to receive, investigate, and resolve complaints about volunteer attorneys?

☐ Yes ☐ No

Please explain:

CERTIFICATION

Does your organization have adequate staff and resources to collect, maintain, and report accurate information about volunteer attorney pro bono hours to the Commission on Continuing Legal Education?

☐ Yes ☐ No

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

FOR CCLE STAFF ONLY

APPROVED ☐

DENIED ☐ Reason for Denial: _____

CLE Staff: _____ Date _____