

1005 Main Street, Suite 1210
Pawtucket, RI 02860
Phone: (401) 285-2550



**SouthCoast
Fair Housing**

257 Union Street
New Bedford, MA 02740
Phone: (774) 473-9994

Cooperating/Referral Attorney Application

Name: _____ **Pronouns:** _____

Firm Name: _____

Address: _____

Phone: _____ **Email:** _____

Malpractice Insurance Carrier: _____ **Expiration Date:** _____

I do not have malpractice insurance. Attached is the declaration page from policy.

Your primary areas of practice: _____

Familiarity with Fair Housing law: None Some This is an area of my practice

Familiarity with Landlord/Tenant law: None Some This is an area of my practice

Familiarity with Public Housing law: None Some This is an area of my practice

Other related background: _____

Best days/times for fair housing legal training (if needed): _____

I am licensed to practice in and want to receive referrals in the following jurisdictions:

Massachusetts Rhode Island Federal

Do you have accessible office space available to meet clients? Yes No

Are you able to visit clients at their homes or other locations? _____

Languages spoken/written (and level of fluency): _____

Languages for which your firm provides interpreters/translations at no cost to the client:

Other information SCFH should know? _____

I declare that, to the best of my knowledge and belief, the information provided in this application is true, correct and accurate.

Signature

Date

Thank you for your interest!

I am interested in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Race/Color/National Origin Discrimination | <input type="checkbox"/> Domestic Violence Survivor Discrimination or Rights |
| <input type="checkbox"/> Familial Status Discrimination | <input type="checkbox"/> Mortgage Lending Discrimination or Predatory Mortgage Lending |
| <input type="checkbox"/> Housing Voucher/Public Assistance Discrimination | <input type="checkbox"/> Lead Paint Poisoning/Personal Injury |
| <input type="checkbox"/> Sex Discrimination/Sexual Harassment | <input type="checkbox"/> Recovery Housing and Group Homes |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Housing Benefits and Appeals: Public Housing, Housing Voucher, etc. |
| <input type="checkbox"/> Military/Veteran Status Discrimination | <input type="checkbox"/> Tenant Eviction Defense |
| <input type="checkbox"/> Gender Identity Discrimination | <input type="checkbox"/> Tenant Apartment Conditions Issues |
| <input type="checkbox"/> Disability Discrimination | <input type="checkbox"/> Housing-Related Consumer Protection Issues |
| <input type="checkbox"/> Criminal Record Sealing/Expungement | <input type="checkbox"/> Lease or Housing-Related Contract Drafting/Review |
| <input type="checkbox"/> Loss of Housing Opportunity due to Criminal Record | |

Most of SCFH's clients have low- or moderate-income. Some, but not all, of referred client matters may be appropriate for contingent-fee representation and/or may result in an award of attorney's fees. SCFH also seeks attorneys willing to represent SCFH in fair housing matters or to assist SCFH with impact litigation. Please select types of referrals in which you may be interested.

- I am willing to accept referrals of client matters that likely will not result in attorney's fees. I will commit _____ hours of time or accept _____ pro bono cases annually.
- I am willing to accept referrals of client matters that may lead to a contingent fee.
- I would consider representing SCFH on a contingency-fee basis.
- I would consider helping SCFH as a Cooperating Attorney on a case. This may be a situation where I would be assisting a SCFH or outside attorney.
- I would consider helping SCFH with analyzing proposed or current legislation or policies that may affect fair housing.

Other information SouthCoast Fair Housing should know? _____

How did you hear about SouthCoast Fair Housing? _____

Would you like to receive SouthCoast Fair Housing email updates? Yes No