



CHILDREN'S LAW CENTER OF MINNESOTA

450 N. Syndicate St. #315
St. Paul, MN 55104-4106
Telephone: 651-644-4438
Facsimile: 651-646-4404

Volunteer Attorney Questionnaire

Please type or print legibly.

Date: _____

Name: _____
(Last) (First) (Middle)

Work Address:

Firm/Company/Organization () Phone () Fax

Address E-mail

City State Zip

Home Address:

Address () Phone () Fax

City State Zip E-mail

Local Bar Association: _____ MN Bar License #: _____

Years of Practice _____ Areas of Practice: _____

Foreign Languages (including sign language): _____

References - please list two references, both personal and professional, with relationship & phone numbers:

1. _____

2. _____

Experience/Interest

1. Have you ever had work or volunteer experience with:

- Child Welfare Juvenile Court Family Court
- School systems Health Care Systems Public Benefits/Social Security
- Delinquency/Crime Litigation Other: _____
(e.g., estates, mental health, personal injury,)

2. Often cases involving children take time to resolve. Will you be able to stay with a case for the duration (generally a minimum of 18 months for representation projects)? Yes No

3. Would you be willing to be a backup/ substitute attorney for other CLC volunteer attorneys who are solo practitioners? Yes No

OFFICE USE ONLY: BCA Lawyers Board References

Date Trained: _____

Assigned To: _____



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Consent to Conduct a Criminal Background Check Non-Profit Account Number: T516444438

Date: _____

The following named individual has made application for a volunteer position with the Children's Law Center of Minnesota.

(Please Print)

Last Name of Applicant: _____

First Name: _____

Middle Name (full): _____

Maiden, Alias or Former Name(s): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number (optional): _____-_____-_____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Children's Law Center of Minnesota for the purpose of my volunteering as a volunteer attorney with Children's Law Center of Minnesota.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Subscribed and sworn to before me this
____ day of _____, _____.

Notary Public



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Consent for Release of Information From the Lawyers Professional Responsibility Board

The following named individual has made application for a volunteer position with the Children's Law Center of Minnesota.

(Please Print)

Full Name of Applicant: _____
Last First Middle

Maiden Name: _____

Formerly Known As/Also Known As: _____

Date of Birth: _____

Social Security Number: _____-_____-_____

Bar License Number: _____

I, _____, hereby authorize the Lawyers Professional Responsibility Board to release to Children's Law Center of Minnesota any and all information regarding complaints, disciplinary actions and discovery history.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date