



# Enrollment Form

Encouraging Statewide Private Attorney  
Pro Bono Involvement



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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Paralegal, Secretary, or Legal Assistant: \_\_\_\_\_

Primary County of Service: \_\_\_\_\_

Other Counties You Will Serve: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Normal Rate (\$) Per Hour: \_\_\_\_\_ Currently Enrolled: \_\_\_\_\_ New Enrollment: \_\_\_\_\_

Legal Group Affiliations (i.e. *Hinds County Bar, Jackson Young Lawyers, MTLA, etc.*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the MVLP? \_\_\_\_\_

### Please Check The Box For Each Type Of Matter You Are Willing To Handle:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bankruptcy/Debtor Relief                               | <input type="checkbox"/> Parental Rights                | <input type="checkbox"/> Housing                    |
| <input type="checkbox"/> Collection (Repossession/<br>Deficiency/Garnishment)   | <input type="checkbox"/> Termination                    | <input type="checkbox"/> AFDC/Other Welfare         |
| <input type="checkbox"/> Contracts/Warranties                                   | <input type="checkbox"/> Paternity                      | <input type="checkbox"/> Food Stamps/Commodities    |
| <input type="checkbox"/> Loans/Installment Purchases<br>(Other than Collection) | <input type="checkbox"/> Spouse Abuse                   | <input type="checkbox"/> Social Security            |
| <input type="checkbox"/> Unfair Sales Practice                                  | <input type="checkbox"/> Support                        | <input type="checkbox"/> SSI                        |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Other Family                   | <input type="checkbox"/> Unemployment Compensation  |
| <input type="checkbox"/> Job Discrimination                                     | <input type="checkbox"/> Delinquent                     | <input type="checkbox"/> Veterans Benefits          |
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Neglected/Abused/<br>Dependant | <input type="checkbox"/> Workers Compensation       |
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Emancipation                   | <input type="checkbox"/> Mental Health              |
| <input type="checkbox"/> Custody/Visitation                                     | <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Physically Disabled Rights |
| <input type="checkbox"/> Divorce/Separation/ Annulment                          | <input type="checkbox"/> Medicare                       | <input type="checkbox"/> Incorporation/ Dissolution |
| <input type="checkbox"/> Guardianship/ Conservatorship                          | <input type="checkbox"/> Homeownership/Real<br>Property | <input type="checkbox"/> Wills/Estates              |
| <input type="checkbox"/> Name Change  | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> CLE Speaker                |
|   |   | <input type="checkbox"/> Legal Clinic: _____        |