



Legal Provider Network Form

Or staple business card

Name: _____ Address1: _____
 Title: _____ Address2: _____
 Institution: _____ City,St,Zip _____

Professional Degrees: _____ Work Tel #: _____
 Practice Areas: _____ Alt. Tel #: _____
 Please list legal Affiliations, if any: _____ Fax #: _____

Gender: **F / M** E-mail: _____

What are your office hours? _____

Do you have evening or weekend hours? If so, which days? _____

How often can you see a referral from Sakhi?

- As needed Every other week
 Once a week Once a month

How much experience do you have with each of the following fields and in which of these areas would you be comfortable accepting pro bono cases?

Substantial	Some	None		Pro Bono	Comments
				Services Available? Yes or No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Law		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce Law		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immigration Law		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Law		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Litigation		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment and Labor Relations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security/SSI Law		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other		

What languages, other than English, do you speak? _____

I acknowledge that Sakhi for South Asian Women will use this information to refer legal services.

Signature: _____

Date: _____

Have you worked/do you work with South Asian Women? Yes No

In what capacity? _____

Have you worked/do you work with issues of domestic violence? Yes No

In what capacity? _____

Would you be willing to participate in a provider education seminar on domestic violence, the legal system, and South Asian Women? Yes No

Would you be willing to have Sakhi brochures in your office? Yes No

Which train and bus stops are near your offices? _____

Do you have any additional specific directions? _____

Are there any additional comments you would like to make about referring someone from Sakhi to you for legal services?
(Please indicate if you require any particulars such as a written referral from Sakhi on letterhead for each potential client, etc.)

I acknowledge that Sakhi for South Asian Women will use this information to refer legal services.

Signature: _____

Date: _____

Please fax or mail completed form to:

Sakhi for South Asian Women
Pro Bono Legal Network
Attn: Sandeep Bathala
PO Box 20208, Greeley Square Station
New York, NY, 10001
Fax #: 212.564.8745

If you have any questions, please contact:

Name: Sandeep Bathala, MSW
Tel #: 212.714.9153 ext.104
E-mail: sandeep.bathala@sakhi.org

Thank you for taking the time to fill out this form. The information you have provided will be kept confidential and will be used by Sakhi for women who need legal services.