



ATTORNEY DATA SHEET

CONTACT INFORMATION

Attorney Name: _____

Firm Name: _____

Street Address: _____

City, State, Zip _____

Business Phone: _____ Fax _____

email: _____

Is your office accessible to people with disabilities? Yes ____ No ____

Office Hours (include weekend/evening hours): _____

Are you proficient in other languages (including sign language)? Yes ____ No ____

If yes, please list: _____

What geographic area do you serve? (i.e. counties, cities, regions): _____

EDUCATION

Undergraduate: _____ Degree: _____ Date: _____

Law School: _____ Degree: _____ Date: _____

Admission to CT Bar (Date): _____

Are you licensed to practice in other states? Yes ____ No ____

If yes, please list: _____

How you would like to be involved in CWEALF?

- As an attorney referral
- Speaking engagements about women’s legal issues (please list topic(s))

- CWEALF Board of Directors’ Subcommittees (i.e., Program & Policy Committee, Marketing Committee, Finance Committee, Development Committee)
- Assist in reviewing/updating legal publications
- Training CWEALF staff and volunteers on legal issues (please list on which topics)

- Host a house party to introduce friends, colleagues to CWEALF
- Donate

Following section for attorneys on the referral list only

FEES

Free initial consultation: Yes, to anyone _____ Yes, only to CWEALF referrals _____

Do you ask for a retainer fee on all cases? Yes ____ No ____

If no, which ones? _____

If yes, generally how much? _____

Which of the following will you offer?

- ____ pro bono work ____ sliding scale fees
- ____ credit cards ____ payment schedules
- ____ contingency fees on _____ (type of class)

NOTE: *CWEALF referrals are informed that the arrangements are at the discretion of the individual attorney and are never told the attorney will represent them in court for free.*

Would you like a phone call when CWEALF staff makes a referral to your office?

- Yes
- No
- When the staff person thinks it’s important to provide some information about the case/client

CWEALF updates the referral list annually. However, if you move, wish to be removed from the list or other information changes, please contact Amy Miller.

Check the following areas of law that you practice:

1) FAMILY LAW:

- | | | |
|--|---|--|
| <input type="checkbox"/> Dissolution of marriage | <input type="checkbox"/> Legal Separations | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Modifications of divorce judgements | <input type="checkbox"/> Custody | |
| <input type="checkbox"/> Divorce Mediation | <input type="checkbox"/> Adoptions | |
| <input type="checkbox"/> Custody involving Gay/Lesbian | <input type="checkbox"/> Restraining Orders | |
| <input type="checkbox"/> Relationship/Cohabitation Contracts | <input type="checkbox"/> Annulments | |

2) EMPLOYMENT LAW:

- | | | |
|--|---|--|
| <input type="checkbox"/> Class Actions | <input type="checkbox"/> Age Discrimination | <input type="checkbox"/> Race Discrimination |
| <input type="checkbox"/> Disability Discrimination | <input type="checkbox"/> Sex Discrimination | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Maternity Benefits | <input type="checkbox"/> Equal Pay/Comparable Worth | |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Gay/Lesbian Transgender discrimination | |
| <input type="checkbox"/> Employee Rights | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Illegal Termination |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Unemployment Compensation | |
| <input type="checkbox"/> Whistle-Blowers | <input type="checkbox"/> Public Employees | |
| <input type="checkbox"/> Duty of Fair Representation by Union | | |
| <input type="checkbox"/> Hiring, promotion, terms and conditions | | |

3) CREDIT

- Equal Opportunity Bankruptcy Gay/Lesbian Transgender Discrimination

4) EDUCATION

- Discrimination (Title IX) Student Expulsion

5) IMMIGRATION

- In general Specific (please list): _____

6) HOUSING

- | | |
|---|---|
| <input type="checkbox"/> Tenant/Landlord | <input type="checkbox"/> Sex/Marital Status |
| <input type="checkbox"/> Single Parent Discrimination | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Gay/Lesbian Discrimination | <input type="checkbox"/> Section 8 |

7) TRUST/WILLS/ESTATES

- In general with Gay/Lesbian Couples

8) BENEFITS LAW

- Social Security Welfare Benefits Pensions

9) OTHER:

- Hate Crimes (LGBT related)
(please list) _____

Signature: _____ Date: _____