

PRO BONO LAWYERS INVENTORY FORM

(FOR THOSE CURRENTLY PROVIDING FREE LEGAL SERVICES)

COMPLETE FORM IN BLOC	K CAPITALS	STATE:		
PART 1: PERSONAL DETAI	LS AND OFFICE			
Lawyer's Name				
Law Firm /Organisation				
Law Firm/ Organisat	ion			
* 1			139	
Email Address				
Type of Organisation				
(Private Law Office, Government Based Organisation, International		Faith		
Mobile Phone Number		Alternate Number	PREFERED MODE OF	CONTACT
Year of Call to Bar				
NBA Branch Membership				S and the second
2. EXPERIENCE IN CRIMIN	AL LAW PRACTICE (P	lease tick the applica	ble column)	
Below 2 years	3-5 years	5-10 years	Above	10 years
3. STATE THE NUMBER CURRENT CASES)	of pro bono case	es you are curren	тга нуирпие (утта	CH DETAILS OF YOUR
4. INDICATE COURT AND T	HE NUMBER OF YOUR	R CURRENT PRO BONG	O CASES BEFORE EACH	OF THESE COURTS
COULTS (APPEAL)	gh Magistra ourts Courts	Sharia Court	Area Court	Customary Courts









LIST THE SCOPE/COVERAGE AREA/	LOCATION OF YOUR SERVICE
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(EG. INSTITUTION, TOWN, LGA, STATE, REGION)

5. DESCRIBE WHO YOUR CLIENTS ARE (TICK AS APPLICABLE)

Children	Women	Men	Police Detainees	Awaiting Trial/Rem and Prisoners in Custody	Those Bail	on	Oth ers (stat e)	All Categories
		3						
		0						

6. HOW DO YOU SOURCE YOUR CLIENTS (TICK AS APPLICABLE)

Walk in Self Referrals	Referrals by the Police	Refe rrals by the Prison	Referrals by the Court	Referrals by NGOs	Referrals by Faith Based Organisations	You directly reached out for the case	Others (State)
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7. HOW IS YOUR SERVICE FUNDED (TICK AS APPLICABLE)









By Self	By Donors/ Development	By Faith Based Organisations	By Individual Contributions	By Other Source (Ple	ase State)	
	Practices	2 2	*			
Does your						
client make any	YES	NO	IF YES, WHAT	IF VEC DECORDE US		
owards the	9		DO THE CONTRIBUTE	IF YES, DESCRIBE HO	W THEY CON	ITRIBUT
service you provide?		3 × 30				
(TICK AS						
(TICK AS APPLICABLE)						
APPLICABLE) 3. IN YOUR VIEW			THAT EXIST IN TI	HE PROVISION OF PRO		EE) LEG/
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	ERIA (TICK AS Geographi	APPLICABLE)	Accessing		BONO (FRI	Others
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	Geographi	APPLICABLE) Insufficient Pro	Accessing Clients	HE PROVISION OF PRO Lack of support and coordination	Lack of informati	Others
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	ERIA (TICK AS Geographi	APPLICABLE)	Accessing	Lack of support and	Lack of informati on on available pro bono	Others
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	Geographi cal Coverage	APPLICABLE) Insufficient Pro	Accessing Clients requiring Pro	Lack of support and coordination between relevant	Lack of informati on on available pro bono service	Others
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	Geographi cal Coverage	APPLICABLE) Insufficient Pro	Accessing Clients requiring Pro	Lack of support and coordination between relevant	Lack of informati on on available pro bono service /clients requiring	Others
APPLICABLE) 3. IN YOUR VIEW SERVICES IN NIG	Geographi cal Coverage	APPLICABLE) Insufficient Pro	Accessing Clients requiring Pro	Lack of support and coordination between relevant	Lack of informati on on available pro bono service /clients	Others
APPLICABLE)	Geographi cal Coverage	APPLICABLE) Insufficient Pro	Accessing Clients requiring Pro	Lack of support and coordination between relevant	Lack of informati on on available pro bono service /clients requiring	Others (State)









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10. WILL YOU LIKE YOUR NAME/ORGANISATION TO BE INCLUDED IN	THE NAT	IONAL DAT	ABASE O	N PRO BONO
LEGAL SERVICE CLEARING HOUSE? NOTE INFORMATION PROVIDED				
LEAST ON AN ANNUAL BASIS (TICK AS APPROPRIATE)				

	NO	DO NOT KNOW
700	S	NO

13. LIST OF ALL CASES OF PRO BONO CASES YOU ARE CURRENTLY HANDLING

(PLEASE ATTACH ADDITIONAL SHEET IF REQUIRED) TO BE UPDATED ANNUALLLY

S/N	Name of Client	Sex	Date you took	Charge No	Court	Nature of Service(s)
			up the case			being provided
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		7.				
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FORM 003



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		hereby
certify that the	information contained in this form is	s correct.
	DAY OF	20





