

**PART 5: I want to be Contacted Through: (Please tick the applicable column)**

Mobile Number	Phone		Email Address		Any of both	

PART 6: Acknowledgement/Undertaking

1. I, _____
hereby certify that the information contained in this form is correct.
2. I understand that it is free legal service I have agreed to render and I undertake to diligently execute this task to the best of my ability with the same professional standard as paid legal service.
3. I undertake to render this free legal service to the completion of any case assigned to me and I have the discretion to decide whether to continue rendering this service if the matter becomes an appellate matter.
4. I understand that the clearing house has the discretion to withdraw the case assigned to me if I do not show diligence in defence of the matter.

DATED THIS..... DAY OF 20.....

SIGNATURE

Official Use Only (to be completed by LACON official granting the Case)

Approved/Not Approved.....

Name.....

Designation..... Signature..... Date.....

If not approved (please state reasons)



PRO BONO - LAWYERS REGISTRATION FORM

State:

COMPLETE FORM IN BLOCK

APPLICATION NUMBER:

LA/CH/YR...../No_

PART 1: PERSONAL DETAILS AND OFFICE

Lawyer's Name			
Name of Principal			
No. of Lawyers in the Firm/Organization (if applicable)			
Law Firm/ Organisation Address			
Email Address			
Mobile Phone Number		Alternate Number	
Year of Call to Bar/Call No			
NBA Branch Membership			

PART 2: EXPERIENCE IN CRIMINAL LAW PRACTICE (Please tick the applicable column)

Below 2 years		3-5 years		5-10 years		Above 10 years	
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PART 3: I CAN HANDLE PRO BONO CASES (Please tick the applicable column)

1 case at a time		2 cases at a time		3-5 cases at a time		6 & more cases at time	
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PART 4: I PREFER HANDLING CRIMINAL MATTERS IN: (Please tick the applicable column)

Appellate Courts		High Courts		Magistrate Courts		Customary Court		Sharia Court		Area Court	
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