

BRISTOL COUNTY PROBATE & FAMILY COURT

Lawyer of the Day Program

ATTORNEY SIGN-UP SHEET

NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

Yes, I want to be listed on the Lawyer Referral List. *[This is a list provided to litigants at the front counter of our Registry offices. It is provided to litigants who DO NOT qualify for LOD services and would like to retain the services of an attorney. No email or fax numbers will be included in this listing.]*

Please check the location(s) you are willing to volunteer as Lawyer of the Day:

New Bedford (Mondays)

Fall River (Tuesdays)

Taunton (Thursdays)

I am willing to serve as Volunteer Lawyer of the Day _____ times per year.

Please mail, fax or e-mail your completed form to:

Bristol County Probate & Family Court

Lawyer of the Day Program

40 Broadway, Suite 240

Taunton, MA 02780

Telephone: (508) 977-6040

Fax: (508) 977-6087

E-mail: gina.derossi@jud.state.ma.us

The Registry will contact you to set up a schedule. Thank you again for your service!

For Registry Personnel Only:

Date Accepted: _____

Location(s) Assigned: _____

Referral list