

MID-MISSOURI LEGAL SERVICES CORPORATION
PRO BONO AGREEMENT

I, _____, hereby request that Mid-Missouri Legal Services Corporation ("MMLS") place my name on its Pro Bono panel from which attorneys will be referred cases by the MMLS Pro Bono Program. I understand that I may withdraw my name at any time from the panel, and I have the right to reject cases that are referred to me.

I agree to handle _____ *(number)* cases per year.

_____ *(please check)* If I accept a referral client, I will not charge the referred client for my services and will treat that client as I do my other clients.

I have read the Pro Bono Manual of Mid-Missouri Legal Services and understand how referrals will be made to me, the reports that I will be required to make, the rights of both the pro bono attorney and client, and the reimbursement policy for expenses.

Date: _____

Attorney's Signature

Name: *(print)* _____

Bar No. _____

Address: _____

Email: _____

Telephone: _____

Fax No.: _____