

Broward Lawyers Care Case Acceptance Form

Please complete and return this form to Chanel Winter at cwinter@legalaids.org or fax to 954-736-2480. Please make corrections and/or edits to the information below.

Attorney Name: _____

Client Name: _____

Type of Case: _____

- I have accepted the case. Date _____
- I have rejected the case. I sent a letter of non-representation. Broward Lawyers Care was copied and all original documents were returned to BLC.
- I cannot accept the case now but will accept a case in the future.
- I have enclosed a \$350 tax deductible contribution in lieu of handling this case.

If you have accepted this case, please indicate which of the following activities have occurred.

- Phone conversation with client. Date: _____
- Initial meeting with client. Date _____
- Case Preparation
- File Notice of Appearance
- Negotiations with opposing party
- Other – Please Describe:

I have read the BLC guidelines including fees, costs & expenses and understand that any cost over \$150 requires approval by BLC supervisor/Pro Bono Coordinator and that **BLC CANNOT GUARANTEE THAT THEY CAN COVER ANY COSTS OVER \$150 WITHOUT OBTAINING PRIOR APPROVAL.**

Signature: _____ Date: _____