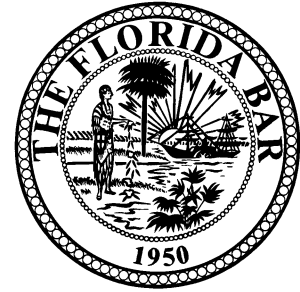


OPTION TWO APPLICATION

_____ CIRCUIT

STANDING COMMITTEE ON PRO BONO LEGAL SERVICE



Organization or

Firm Name: _____

Contact: _____

Address: _____

Telephone: _____

Extension: _____

Email: _____

Fax: _____

PLEASE ACCEPT THIS AS OUR APPLICATION FOR APPROVAL OF THE COLLECTIVE SATISFACTION PLAN (HEREINAFTER "PLAN") FOR PROVIDING PRO BONO LEGAL SERVICES TO THE POOR OR WORKING POOR AS DESCRIBED BELOW PURSUANT TO RULE 4-6.1 (c) OF THE FLORIDA BAR RULES OF PROFESSIONAL CONDUCT.

PLAN TYPE (Please place an "X" in appropriate box below):

A major case or matter involving a substantial expenditure of time and resources.

A full-time community or public service staff.

Any other manner that has been approved by the circuit pro bono committee in the circuit in which the firm practices.

PLAN CATEGORY (Please place an "X" in appropriate box below):

Representation of clients through case referral.

Interviewing of prospective clients.

Participation in pro se clinics and other clinics in which lawyers provide advice and counsel.

Acting as co-counsel on cases or matters with legal assistance providers and other pro bono lawyers.

Providing consultation services to legal assistance providers for case reviews and evaluations.

Participation in policy advocacy.

Providing training to the staff of legal assistance providers and other volunteer pro bono attorneys.

Making presentations to groups of poor persons regarding their rights and obligations under the law.

Providing legal research.

Providing guardian ad litem services.

Providing assistance in the formation and operation of legal entities for groups of poor persons.

Serving as a mediator or arbitrator at no fee to the client-eligible party.

Legal services to the following charitable organization: _____

Legal services to the following religious organization: _____

Legal services to the following educational organization: _____

*Whose overall mission and activities are designed predominately to address the needs of the poor, including the working poor.

PLAN DETAILS (Please describe, including but not limited to the anticipated distribution of the hours earned, in space provided below. If additional space is needed, please attach additional sheet.):

[Empty box for Plan Details]

WE HEREBY CERTIFY that said PLAN is in compliance with [Rule 4-6.1(c)] and the distribution of the pro bono hours earned shall be done in a fair and reasonable manner as determined by the firm. (Attach additional information if necessary)

SUBMITTED BY: _____

Print Name: _____ DATE: _____

SUBMIT TO: _____ EMAIL: _____

DO NOT WRITE BELOW THIS POINT

<p>___ APPROVED</p> <p>___ DENIED</p>	<p>BY: _____</p> <p>On behalf of the _____ Circuit Standing Committee on Pro Bono Legal Services</p>	<p>_____</p> <p>DATE</p>
---------------------------------------	--	--------------------------

COMMENTS:

[Empty box for Comments]