

**PRO BONO BANKRUPTCY PANEL
REGISTRATION FORM**

DATE: _____

NAME: _____

TEL. NO. (____) _____

FIRM: _____

FAX. NO.(____) _____

ADDRESS: _____

LEGAL MALPRACTICE CARRIER _____
POLICY NO. _____ EXPIRATION DATE _____

LEGAL SERVICES OFFICE PREFERRED _____
(If not listed below)

Legal Services Agencies: (Circle office(s) you would like to work with)

Bergen County Legal Services
Camden Regional Legal Services, Inc.
 Camden County, Burlington County
 Cumberland and Salem Counties
 Gloucester County
Cape-Atlantic Legal Services
Community Health Law Project (Mercer County)
Essex County Legal Aid Association
Essex-Newark Legal Services
Hudson County Legal Services

Hunterdon County Legal Services Corp.
Legal Aid of Mercer County
Legal Aid Society of Morris County
Middlesex County Legal Services
Millville Legal Aid Society
Ocean/Monmouth Legal Services, Inc.
Passaic County Legal Aid Society
Somerset-Sussex Legal Services Corp.
Union County Bar Association Legal Aid
Union County Legal Services

AREAS OF INTEREST: CHAPTER 11 _____ CHAPTER 7 _____ CHAPTER 13 _____ OTHER _____

FOREIGN LANGUAGE FLUENCY IN: _____

COMMENTS: _____

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THANK YOU!