

# Clinic Form

Date of Clinic: \_\_\_\_\_ Time: \_\_\_\_\_

Area Coordinator: \_\_\_\_\_

Clinic Coordinator: \_\_\_\_\_

Group: \_\_\_\_\_

Place: \_\_\_\_\_

Address

City

Zip

Organization Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Number to be served at clinic: \_\_\_\_\_

Volunteer Attorneys:

_____	_____
_____	_____
_____	_____

Expert: \_\_\_\_\_

Paralegal Volunteers:

_____	_____
_____	_____

Notary: \_\_\_\_\_

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Questionnaire Distributed: \_\_\_\_\_

Press Release Requested: \_\_\_\_\_ Distributed: \_\_\_\_\_  
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Post Clinic

Number of participants: \_\_\_\_\_

Volunteers: Attorneys	_____	_____
_____	_____	_____
_____	_____	_____

Paralegals	_____	_____
_____	_____	_____