

Court of Federal Claims Bar Association
Pro Bono/Attorney Referral Pilot Program Registration

Please send the completed form via e-mail to uscfc_probono@ao.uscourts.gov.

Attorney: _____

Address:

Firm: _____

Street: _____

City, State, and Zip: _____

E-mail Address: _____

Telephone Number: _____

Fax: _____

Attorneys who register for the Pro Bono/Attorney Referral Pilot Program agree to the following terms:

I am willing to be contacted regarding representation of pro se plaintiffs on a pro bono basis. I agree that the Clerk's Office of the U.S. Court of Federal Claims may provide my name and contact information to the U.S. Court of Federal Claims Bar Association and to potential clients in need of representation. I understand that by registering for the Pro Bono/Attorney Referral Pilot Program, I will not be obligated to represent any particular plaintiff. I certify that I have at least five years of civil litigation experience or that I will be supervised by an attorney with at least five years of civil litigation experience. I am willing to be contacted about representation of pro se plaintiffs on a pro bono basis in the following types of cases. By checking the box(es) below, I agree to the terms described.

Civilian Pay

Takings

Contracts

Tax

Intellectual Property

Unjust Conviction & Imprisonment

Military Claims

Miscellaneous—Other

Native American

* Representation of Vaccine Program plaintiffs is not included; representation of those plaintiffs is governed by 42 U.S.C. §§ 300aa-1 to -34.