**AFFIRMATION OF PRO BONO LEGAL SERVICES**

**Volunteer Lawyers Project of CNY, Inc.**

*(an Accredited Pro Bono CLE Provider as of 10/9/13)*

Attorney's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider's Name: Volunteer Lawyers Project of CNY, Inc.

Address: 221 South Warren Street, Suite 200, Syracuse, New York 13202

Phone: (315) 579-3991

E-mail: bhemingway@vlpcny.org

Fax: (315) 939-1466

|  |  |  |
| --- | --- | --- |
| Name of Program (e.g. Eviction Defense, Family Court Clinic, Talk to a Lawyer, Individual Case Referral with client name) | Date of Assignment | Eligible Hours |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Hours |  |  |

**AFFIRMATION:**

I hereby affirm that I have performed the above-stated number of hours of legal services for the above-referenced project or client, and that such service was uncompensated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney's Signature

**\***You may be eligible to receive one (1) CLE credit hour for every two (2) hours [120 minutes] of Qualifying Activity performed through an Accredited *Pro Bono* CLE Provider after February 15, 2012.

\* You must retain this form for your records for four (4) years.