

REQUEST FOR PRO BONO LEGAL ASSISTANCE

(To be completed by the attorney/other referral body acting on behalf of the client seeking assistance)

1. **ATTORNEY'S PARTICULARS**

Title (Mr/Ms):	First Name:	Surname:
Firm:		
Address:		
		Postal code:
Telephone No.:	Office:	Cell:
E-mail address:		

2. **PARTICULARS OF THE CLIENT:**

Title (Mr/Ms):	First Name:	Surname:
Identity No.:		Gender (M/F):
Residential Address:		
		Postal code:
Telephone No.	Home:	Work

Cell no:
E-mail address:
Marital status (Married/ Single):
Has the client previously been afforded pro bono assistance by the Johannesburg Bar Council? Yes / No
If so, please indicate: (a) the year in which this occurred: _____ (b) the name of the pro bono counsel allocated to the matter: _____

3. FINANCIAL INFORMATION OF THE CLIENT: (where applicable):

Employment Status (Employed/Unemployed/Pensioner/Other):
Monthly Gross Salary:
Pension Amount (State/Private):
Other Income (Please specify):
Value of Fixed Property:

[Note: The Johannesburg Bar Council may request further information or documents.]

4. **PARTICULARS OF THE LEGAL MATTER:**

Date on which the attorney recorded in section 1 was instructed:	
Is the attorney recorded in section 1 acting pro bono?	
If the answer is no, please be aware that – save in exceptional circumstances – your request for assistance will not be accommodated. A detailed motivation as to why counsel should act pro bono (on a separate folio) should accompany this application if you believe that exceptional circumstances exist.	
Has the matter been to court?	
If yes:	
(i)	What is the name of the court?
(ii)	What was the outcome of the court proceedings?
(iii)	When is the client required to appear in court again?

4.1 Please provide a brief summary of the legal matter:

4.2 Please indicate the nature of the legal assistance required from counsel:

4.3 Please indicate the level of experience of counsel who, as attorney, you would think appropriate to act in the matter.

Junior counsel with _____ years' experience
Senior counsel (yes / no) _____

5. **DECLARATION BY CLIENT:**

I, the client referred to in section 2 above, do hereby confirm that the information contained in this form which was provided by me is within my personal knowledge, and is true and correct. I accept that, if the information is not correct, that pro bono assistance may at any time be withdrawn.

SIGNATURE:

DATE: