

**MOUNTAIN AREA VOLUNTEER LAWYER (MAVL) PROGRAM  
"PRIVATE" PRO BONO SELF REPORTING FORM**

If you have rendered private pro bono services to low-income clients outside the MAVL Program, please complete this form so that MAVL may record your pro bono service to low-income residents of Buncombe, Henderson, Madison, Polk, Rutherford and Transylvania Counties. The following client information will be kept confidential.

With client approval, I am reporting the following information to MAVL about private pro bono service I have provided:

Name of Client: \_\_\_\_\_

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

Age: \_\_\_\_\_

Number of Adults in Household Affected by Legal Result/Representation: \_\_\_\_\_

Number of Children in Household Affected by Legal Result/Representation: \_\_\_\_\_

Ethnicity: (circle one)      WHITE, AFRICAN-AMERICAN, HISPANIC, OTHER

Monthly Income: \$ \_\_\_\_\_

Service provided:

Time donated: \_\_\_\_\_ (hours)

Name/address or attorney submitting this report:

Date of this report: \_\_\_\_\_

**Thank you for taking the time to submit this report for the MAVL program!**