

While the MSBA Online Portal for enrollment is under construction, please email your completed enrollment form to ICAServeMN@gmail.com and your name will be added to the Volunteer Attorney Referral List.



Minnesota
State Bar
Association

ATTORNEY ENROLLMENT FORM

Elder Law Section

Serve MN: REAL HELP FROM LAWYERS FOR FAMILIES DEALING WITH DEMENTIA

CONTACT INFORMATION

Name: _____
Address: _____
Phone Number: _____ County: _____
Email: _____

QUALIFICATIONS/EXPERIENCE

I attest that I meet the following qualifications to participate in Serve MN.

- I am admitted to practice law in Minnesota; AND
- I am in good standing with the Bar; AND
- I am a member of the Minnesota State Bar Association Elder Law Section; AND
- I am covered by professional malpractice insurance; AND
- I have 3 or more years of elder law practice experience; OR
- I have less than 3 years of elder law practice experience, but have attended a full day of Continuing Legal Education on the subject of medical assistance and have a mentor-mentee relationship with an attorney with at least 3 years of elder law practice experience.

I was admitted to the Minnesota Bar on: _____

I joined the Elder Law Section on: _____

FEE ARRANGEMENTS OFFERED

Pro Bono based on inability to pay

Negotiable Fees based on ability to pay

Sliding Scale Fees

Fee for Service

SIGNATURE

Signature: _____ Date: _____