**GREENSBORO BAR ASSOCIATION**

**HERB FALK SOCIETY**

**REPORTING INSTRUCTIONS**

**Membership in the Herb Falk Society.**

Any Greensboro Bar Association member in good standing who completes at least 75 hours of qualifying Pro Bono Service in a calendar year.

To report your hours of pro bono service for the Herb Falk Society, please complete the accompanying form and mail it to the office of the Greensboro Bar Association. Report only hours per­formed during calendar year 2019. If the representation continues into 2020, the 2019 hours should be reported on a separate form for that year. Though the deadline for reporting 2019 hours is February 1, 2020, you may submit this form upon completion of the representation.

Use one Reporting Form for each pro bono client or activity and assign each client/activity a number in the space indicated on the form. Please provide a general description of the client/activity, the period of time during which services were provided, and the nature of the services performed in such a way to avoid disclosing any distinguishing information or detail that would breach the obligation of confidentiality. You are encouraged to track your hours worked as services are performed in order to ensure accurate reporting, but you do not need to provide detailed information regarding the services provided. That being said, you are certifying that you believe the information submitted is accurate to the best of your knowledge.

**Types of Qualifying Pro Bono Service.** Rule 6.1 of the North Carolina State Bar Rules of Professional Conduct is split into two subsections, (a) and (b). The primary focus of 6.1(a) is the provision of legal services to persons of limited means. The primary focus of 6.1(b) is the provision of additional services at a substantially reduced fee or through committee work or other participation in activities improving the law, legal system or profession. Both types of pro bono service are important, but the GBA recognizes a critical need for and strongly encourages its members to look for opportunities to provide more of the 6.1(a) type of pro bono services; namely, providing legal services to persons of limited means.

If Legal Aid of North Carolina monitors your work on a case, LANC may request that you com­plete a separate Case Closing Form at the conclusion of the case to report your results and to request reimbursement of your expenses. Even if you are completing the Case Closing Form, we still request that you complete this form for the Herb Falk Society since your representa­tion in a matter may span more than one calendar year, and the HFS needs a breakdown of hours for each year. Both forms are short and can be completed quickly.

**Mail the completed form to:**

Herb Falk Society

GREENSBORO BAR ASSOCIATION

Post Office Box 1825

Greensboro, NC 27402

**GREENSBORO BAR ASSOCIATION**

**HERB FALK SOCIETY**

**2019 REPORTING FORM**

**CLIENT / ACTIVITY NO.** \_\_\_\_\_\_\_\_\_\_\_\_

1. **General Description of Client for Rule 6.1(a) Services** (omit name or other distinguishing information – e.g., Low-income single parent) **or Entity / Organization / Committee / Other Activity for Rule 6.1(b) Services**:

1. **General Description of Services Provided** (e.g., Representation for domestic violence proceeding; Preparation of Last Will and Testament; service on boards, committees, or other activities to improve the law, legal system, or profession):

1. **Hours** **for this Client / Activity** (to nearest 1/10 hour – 2019 hours only):

**Period of Time Covered** (e.g., May – June 2019): \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge:

Attorney Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Attorney Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_