The [House of Worship] Initiative

Lead Coordinator Information Form

Instructions
Please fill out all of the contact information below. This information will only be shared within the Tennessee Faith & Justice Alliance (“TFJA”). Please submit it by email, fax, or mail to:

Pro Bono Coordinator
Tennessee Supreme Court
Administrative Office of the Courts
511 Union Street, Suite 600
Nashville, TN 37219
(615) 741-2687
(615) 741-6285 (fax)
ATJInfo@tncourts.gov

Lead Coordinator Information

____________________________________  ______________________________________
TFJA Lead Coordinator’s Name  Occupation

(_____) ______________________________________
Faith (Buddhist, Christian, Jewish, etc.)  Phone Number

____________________________________
Email Address

____________________________________
Mailing Address

Please be aware that we update this Implementation Manual to reflect new developments in the Tennessee Faith and Justice Alliance. Please make sure that you are using the most updated version of the Implementation Manual, available at www.justiceforalltn.org in the Faith-Based Initiatives section.
The [House of Worship] Initiative

Attorney Participant Information Form

Return to Lead Coordinator

Please check all that apply:

| I am committed to being placed as the local lawyer at my home house of worship, __________________________. |
| I am committed to being placed as the local lawyer of another house of worship in need of an attorney. |
| I am an attorney with the state and would like to participate, but am seeking approval from my office. |
| I am unable to participate at this time. |

Name: ___________________________________  Home House of Worship: ________________________________

Email Address: ________________________________

Mobile Phone: ____________________________  Work Phone: ________________________________

Address: _______________________________________________________________________________________________

Firm/Agency: ___________________________________________________________________________________________

Type(s) of law you practice/have practiced: ______________________________________________________________

________________________________________________________________________________________________________

Do you know of any other attorneys in your congregation who may be interested in participating? (Please list names & contact information)

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Other Comments:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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**Malpractice Insurance and Measurement Form**  
for Tennessee Faith and Justice Alliance Volunteers

**Instructions and Coverage Information**

Tennessee Faith and Justice Alliance volunteers should complete this form and submit it to the Pro Bono Coordinator of the Tennessee Supreme Court Access to Justice Commission by fax at 615-741-6285 or by email to ATJinfo@tncourts.gov at the conclusion of each legal matter in order to receive full malpractice coverage. Please fill out this form using your best judgment.

**Information Required**

1. Volunteer Attorney Name: __________________________________________________
2. BPR Number: ____________________________
   - Clark United Methodist Church, Nashville Area Rescue Ministry, Lipscomb
4. Project: Ex: Referral Model from religious leader, Clinic, etc.
5. Do you need full malpractice coverage for your work on this case? __________________
6. Hours Spent on Case: _____________________
7. Date (or range of dates) you provided assistance: ________________________________
8. Email: _________________________________
9. Please check which area of law the case involved. Subcategories in parentheses are not exclusive.
   - Bankruptcy
   - Criminal
   - Contract (breach, dispute, etc.)
   - Debt: Garnishment
   - Debt: Collection
   - Drivers License
   - Elder: Nursing Home
   - Elder: Wills, Probate, Estate
   - Employment: Discrimination
   - Employment: Wages
   - Employment: Workers Comp.
   - Expungement
   - Family: Adoption
   - Family: Child Custody or Support
   - Family: Domestic Violence
   - Family: Divorce or Post-Divorce
   - Guardianship: Conservatorship/POA
   - Health (Insurance, ACA, TennCare, Medicare)
   - Immigration
   - Landlord/Tenant
   - Public Benefits (Social Security, Food Stamps, unemployment)
   - Real Estate: Property Dispute
   - Real Estate: Insurance
   - Tort (Med. Mal., Injury)
   - Veterans’ Issues
   - Other: ____________
10. Is the case resolved (i.e. the client no longer has a legal need or the client does not need an attorney), partially resolved (i.e. you took on full or limited representation, you took part of the case, or referred the client to another resource), or not resolved? Please explain. __________________

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The Tennessee Faith and Justice Alliance
Client Satisfaction Survey

Instructions and Notification

We appreciate your input. Please fill out this form and send it to the Access to Justice Commission as indicated at the bottom of the page. Please note that these results will NOT be shared with your religious leader, house of worship, Lead Coordinator, or the volunteer attorney who helped you. We collect this data only for the purpose of measuring the success of this TFJA program. If you have questions, please contact the Pro Bono Coordinator of the Supreme Court Access to Justice Commission at (615) 741-2687.

Your Name: ______________________________________________________________________________________

Your House of Worship: _____________________________________________________________________________

City and County: _________________________________________________________________________________

Very generally, what kind of legal problem made you look for help? (Employment, divorce, bankruptcy, etc.)
______________________________________________________________________________________________
______________________________________________________________________________________________

Where or how did you get help from a volunteer attorney? (please check)
____ At a legal clinic (a one-time meeting with a free lawyer)
____ Someone from my faith group put me in touch with a volunteer attorney
____ Another way (please explain): _________________________________________________________________

For these questions, circle your response to tell us what the volunteer lawyer did for you.

1. Did the lawyer take your entire case from start to finish? If you circle yes, skip question 2 and 3. (please circle)
   Yes  No  Other (please explain): _________________________________________________________________

2. If you answered no for question 1, did the lawyer help you with part of your issue? Ex: the lawyer didn’t help me with my whole divorce but represented me at mediation. (please circle)
   Yes  No  Other (please explain): _________________________________________________________________

3. If you circled no for question 1 and 2, did the lawyer meet with you for one-time advice or information?
   Yes  No  Other (please explain): _________________________________________________________________

4. Did the Lead Coordinator or volunteer lawyer connect you with additional resources?
   Yes  No  Other (please explain): _________________________________________________________________

For these questions, rate the quality of help the volunteer lawyer gave you.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Just OK</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful and understanding was your lawyer?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>How clearly did your lawyer explain things?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Did you get answers to all of your questions?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>How do you feel about the way you were treated?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Do you have any additional comments? ____________________________________________________________________
____________________________________________________________________________________________________

Thank you for completing this survey!

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