



**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](mailto: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](http://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:**

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

**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)

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**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](mailto: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: _____   |
| 3. Source of Referral/House of Worship: _____<br><small>Clark United Methodist Church, Nashville Area Rescue Ministry, Lipscomb</small> | 4. Project: _____<br><small>Ex: Referral Model from religious leader, Clinic, etc.</small> |
| 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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bankruptcy                       | <input type="checkbox"/> Expungement  | <input type="checkbox"/> Real Estate: Property Dispute |
| <input type="checkbox"/> Criminal                         | <input type="checkbox"/> Family: Adoption   | <input type="checkbox"/> Real Estate: Insurance        |
| <input type="checkbox"/> Contract (breach, dispute, etc.) | <input type="checkbox"/> Family: Child Custody or Support                             | <input type="checkbox"/> Tort (Med. Mal., Injury)      |
| <input type="checkbox"/> Debt: Garnishment                | <input type="checkbox"/> Family: Domestic Violence                                    | <input type="checkbox"/> Veterans' Issues              |
| <input type="checkbox"/> Debt: Collection                 | <input type="checkbox"/> Family: Divorce or Post-Divorce                              | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Drivers License                  | <input type="checkbox"/> Guardianship: Conservatorship/POA                            | _____  |
| <input type="checkbox"/> Elder: Nursing Home              | <input type="checkbox"/> Health (Insurance, ACA, TennCare, Medicare)                  | _____  |
| <input type="checkbox"/> Elder: Wills, Probate, Estate    | <input type="checkbox"/> Immigration  |  |
| <input type="checkbox"/> Employment: Discrimination       | <input type="checkbox"/> Landlord/Tenant  |  |
| <input type="checkbox"/> Employment: Wages                | <input type="checkbox"/> Public Benefits (Social Security, Food Stamps, unemployment) |  |
| <input type="checkbox"/> Employment: Workers Comp.        | <input type="checkbox"/> Real Estate: Deed  |  |

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Did you refer the client to other resources (such as Social Services, a Legal Clinic, another attorney, the Legal Aid Society, etc.)? 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.**

	Excellent	Very Good	Good	Just OK	Poor
How helpful and understanding was your lawyer?	5	4	3	2	1
How clearly did your lawyer explain things?	5	4	3	2	1
Did you get answers to all of your questions?	5	4	3	2	1
How do you feel about the way you were treated?	5	4	3	2	1
Do you have any additional comments?	_____				

**Thank you for completing this survey!**

**Please return it to the Access to Justice Commission by fax at 615-741-6285 or by email it to [ATJinfo@tncourts.gov](mailto:ATJinfo@tncourts.gov).**

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