

# CCPA PRO BONO HOURS REPORTING FORM

This form should be used by all CCPA members who perform pro bono services so that CCPA and NFPA may record and report the number of pro bono hours paralegals have contributed. The NFPA Model Code of Ethics and Professional Responsibility and Guidelines for Enforcement state that a paralegal should aspire annually to contribute twenty-four (24) hours of Pro Bono Publico services

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Volunteered: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

Date Volunteered: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

Date Volunteered: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

Date Volunteered: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Brief Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

I attest that I have completed the pro bono work described above and the information listed above is true and accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail the completed form at the end of each quarter (3/31, 6/30, 9/30, 12/31) to Patt Tharpe at [pcruz4ever@comcast.net](mailto:pcruz4ever@comcast.net) or mail it to Patt c/o CCPA, P.O. Box 230594, Hartford, CT 06123-0594.**