

Trial Lawyers Care, Inc.
Attorney Request Form

As part of my participation in the Trial Lawyers Care pro bono program, I understand that there are complimentary resources to assist me in my representation of a victim or victims' family against the September 11th Victim Compensation Fund. I am entitled to either an audiotape of the Trial Lawyers Care Education program. Please send me the following materials to help me understand all the nuances of representation:

_____ Audiotape Set*
_____ CD Set*

**(As recorded at the Trial Lawyers Care Program at the 2002
ATLA Annual Convention in Atlanta, GA, Tuesday, July 23, 2002,
from 1:30 to 5:30 p.m.)*

Please send this (these) item(s) to:

Name: _____

Firm: _____

Address: _____

City, State, ZIP
Code: _____

Tel: _____

Fax: _____

E-mail: _____

This form to be mailed to:

Juliette Wills
Trial Lawyers Care
80 Centre Street, Suite 290
New York, NY 10013

or faxed to: (917) 464-0160