

## Office of the Nassau County Attorney

### Application: Affidavit of Compliance with Pro Bono Requirements

#### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home or Cell Phone	
Work Phone, when applicable	
E-Mail Address	

#### Nature of Pro Bono service

Please provide a description of the Pro Bono activities that you provided to the Office of the Nassau County Attorney, along with the name and title of the supervising attorney.

#### Hours completed (specify dates and times)

Please provide a statement of the total number of hours that you provided to the Office of the Nassau County Attorney, including the dates and times.

#### Agreement and Signature

By submitting this application, I affirm that the facts set forth are true.

Name (printed)	
Signature	
Date	