

FREE LEGAL CLINIC APPLICATION FORM*

Applicant Name: _____

Business/Organization Name: _____

Business/Organization Address: _____

Phone: _____ **Fax:** _____

Check appropriate box:

Business Status: ÷ Sole Proprietorship ÷ Partnership ÷ Corporation ÷ Unregistered ÷ Other

Organizational Status: ÷ Nonprofit ÷ 501(c)(3)

Nature of Business/Organizational Activities (please describe)

Number of employees _____

2001 Net Business Profits (including owner's salary) Check one:

÷ \$10-20,000 ÷ \$20-30,000 ÷ \$30-40,000 ÷ \$40-50,000 ÷ \$50,000+

Type of Legal Assistance Requested: (check box and provide description below)

- Tax issues Commercial landlord-tenant issues
 Bankruptcy Structuring financing for a commercial venture
 Legal issues surrounding starting a new business/organization
 Business ownership issues (transfer of ownership, role of board of directors, etc.)
 Employment issues (worker's comp, employee termination, undocumented workers, etc.)
 Liability issues (unruly customers, public nuisances)

Please describe the problem(s)/issue(s) with which the legal clinic might be able to assist you:

Have you used legal counsel on this issue in the past? Yes No

Do you have need of language interpretive services? Yes ÷ No

If so, what language? _____

Applicant's Signature: _____

Date: _____

*** NOTE: It may be necessary to provide further documentation of your business/organization at the time of the clinic.**

A Community
Economic Development
Project of:

The DC Small Business Development Center @ AEDC
&
The D. C. Bar Pro Bono Program