

THE GEORGE WASHINGTON UNIVERSITY LAW SCHOOL  
WASHINGTON DC

**Small Business & Community Economic Development Clinic  
Application for *Pro Bono* Legal Assistance**

**BUSINESS CONTACT INFORMATION**

1. Name of Business: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

2. Name of Owner/Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Additional Owners or Contact Persons, if any:

Name of Second Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please attach your resume (and the resume of each principal involved with your company) to this application.*

**BACKGROUND OF BUSINESS / NONPROFIT ORGANIZATION**

4. Please describe the nature of your business (what products are sold and/or services provided).

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***Please attach a copy of your business plan. If your business is a nonprofit organization, please attach a list of board members and officers.***

If you have a nonprofit strategic plan or a business plan, please attach it.

5. Are you conducting the business as (please check one):

Sole Proprietor     Partnership     Corporation  
 Limited Liability Company     Other Entity

***If you did not check Sole Proprietor, please attach:***

***COPIES of any formation documents such as a business license, articles of incorporation and by-laws or partnership agreement, or any other papers that may be helpful. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.***

***A list of all the other partners or co-owners in the business. Include their names, titles (if any), addresses, phone numbers, and financial information.***

6. When did you start doing business?

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7. Please describe the geographic area the business serves. Specify neighborhood(s), county or counties, or regions.

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8. How many employees do you currently employ? \_\_\_\_\_

9. Do you have any leases? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please list and submit a copy of the lease.*

10. Did your business have any revenue last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. If yes, what was the total amount? \$ \_\_\_\_\_

12. What was your revenue for the two previous tax years? \_\_\_\_\_

***Please attach:***

***A current copy of your balance sheet and profit loss statement***

***Your business income tax return for the most recent two years (e.g., Form 1040, Schedule C, 1065, or 1120).***

13. Please describe the population served by your business (age, gender, economic background, etc.).

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14. Does your business collaborate with other organizations/businesses to accomplish its goals?

\_\_\_\_\_ Yes \_\_\_\_\_ No

***If yes, please attach a list of those partners or collaborating organizations and describe the relationship.***

**LEGAL NEEDS**

15. Please check areas of legal need or assistance:

GENERAL

Legal consultation to determine needs

CHOICE OF ENTITY

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Partnership

Corporation - C Corporation

S Corporation

Professional Corporation

Limited Liability Company

Nonprofit Corporation

Federal Tax Exemption for Nonprofit Corporation (501(c)(3))

CONTRACTS

Employment Contract

Service Contract

Other type of Contract (specify): \_\_\_\_\_

LICENSES OR PERMITS

License (specify type if known): \_\_\_\_\_

Permit (specify type if known): \_\_\_\_\_

INTELLECTUAL PROPERTY

Copyright

Trademark

Patent (Note: the Clinic does not handle patent cases.)

TAXES

Employer Identification Number

Other (explain): \_\_\_\_\_

INSURANCE

Type of Insurance

OTHER

Specify type of help requested: \_\_\_\_\_

15a. If your business is a social enterprise or a cooperative, please explain.

***Please attach COPIES of all related documents such as contracts, letters, title documents, project proposals, etc. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.***

16. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines:

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17. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here:

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Prior legal representation:

18. Has a lawyer ever worked with your business?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If "No," please go to question 23).

19. If so, what is the lawyer's name, address and phone number?

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20. Why is she/he no longer representing your business in this matter?

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21. What work did she/he perform?

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22. Did you pay for any of the legal services described above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**FINANCIAL INFORMATION FOR FOR-PROFIT BUSINESSES**

23. What is the total annual gross income from all members of your household?

\$ \_\_\_\_\_

24. What is your gross annual income? \$ \_\_\_\_\_

25. What is the source of your income? \_\_\_\_\_

26. Please list the following information for other household members:

Member: \_\_\_\_\_ gross income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Member: \_\_\_\_\_ gross income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

27. How many people are in your household? \_\_\_\_\_

28. Is your business being financed in part or in full by a source other than yourself?

\_\_\_\_\_ Yes \_\_\_\_\_ No

29. If yes, by whom? (Examples: family members, friends, banks, grants) Please list:

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30. Have you applied for any loans to finance your business?  Yes  No

**FINANCIAL INFORMATION FOR NONPROFIT ORGANIZATIONS**

31. How much money does your organization have now?

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32. Has your organization secured grants or donations? If so, please specify.

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33. Do you have a current budget? *If so, please attach.*

**MISCELLANEOUS INFORMATION**

34. Do you have any special needs, such as the use of an interpreter or accommodations for persons with disabilities?

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**CHECKLIST**

*Please include the following documents. In addition, enclose any other documents that may assist the Clinic in assessing your application.*

- \_\_\_\_\_ Resume(s)
- \_\_\_\_\_ Copy of business plan / list of board members and officers / board members' biographies
- \_\_\_\_\_ If not a sole proprietor, a list of all the other partners or co-owners in the business. Include their names, titles (if any), addresses, phone numbers, and financial information.
- \_\_\_\_\_ List any partner or collaborating organizations, with a description of the relationship.
- \_\_\_\_\_ Copies of all documents related to the organization's specific legal problem(s).
- \_\_\_\_\_ Copies of your individual tax returns for the most recent two years.
- \_\_\_\_\_ If there are other people with ownership interests in the business, provide individual tax returns for the most recent two years for each person.
- \_\_\_\_\_ If your business is already established, the income tax returns for your business for the past two years.



**AUTHORIZATION TO RELEASE INFORMATION**

**Application Information:** I hereby authorize the GWU SBCED Clinic, or Clinic, its collaborating organizations and their agents and employees, to verify, disclose and make copies of any and all information provided in this Application in the course of determining eligibility for pro bono legal services or during the course of legal representation if my case is accepted.

**Release:** I hereby release any person or entity complying with this Authorization from any and all claims relating to the disclosure of any such information and documents.

**Authorization to Release Information to Third Parties:** There may be instances in which it may be beneficial for the Clinic to consult with community partners about your business. These partners may include community development financial institutions and banks. You authorize the Clinic to release information about your case to third parties. Also, on occasion, members of the media or press may inquire about the types of clients we represent. You authorize us to share your name with members of the press and to disclose that you are (or your company is) a client of the Clinic.

**Validity:** A copy of this Authorization shall be as valid as the original.

The undersigned hereby certifies that all of the information in this Application is true, correct, and complete, and that he/she is authorized by the above business to submit this Application to the Clinic. The applicant further agrees to notify the Clinic in the event of any changes to this information and understands and agrees that the Clinic has the right to reject any applicant or withdraw from representing a client that submits an application with inaccurate information. The Clinic will make the determination as to which applicants receive legal services based upon the need of the applicant, the capacity of the Clinic and the learning experience of the students.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_