

# *Put Something Back*

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**Page 1**

GROUP CLIENT APPLICATION  
QUESTIONNAIRE & FINANCIAL INFORMATION  
FOR PRO BONO LEGAL ASSISTANCE

These questions are designed to assist us in evaluating your need for an attorney.

1. Name of Organization: \_\_\_\_\_  
Office Location \_\_\_\_\_  
Telephone and Fax Numbers \_\_\_\_\_

2. Contact Person & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

3. Who else may be contacted for additional information?  
Name and Title/Position \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other Phone \_\_\_\_\_

4. Existing Organization Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how long? \_\_\_\_\_

5. Is the organization incorporated? \_\_\_\_\_ If so, in which State and date \_\_\_\_\_  
**(Please attach copies of articles of incorporation and by-laws)**

6. Officers/Directors of the Organization: **Please attach a list of all officers and directors, with addresses and phone numbers.**

7. Tax exemption number \_\_\_\_\_ **(Attach IRS Determination Letter)**

8. Budget for current year \_\_\_\_\_ Budget for last year \_\_\_\_\_  
**(Please attach a copy of your income and expenses budget for the current year)**

9. Does your organization have a fiscal agent? If yes:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone/Fax \_\_\_\_\_

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## **10. PART I: GENERAL INFORMATION**

In answering the following questions, use additional sheets where necessary. Please attach any appropriate materials, sample grant proposals, brochures, flyers or similar materials describing your goals and activities.

a) Mission Statement:

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b) Describe in detail the programs, projects and services that are or will be offered by the organization.

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## **11. PART II: LEGAL ISSUES**

a) Describe in detail the type of legal assistance the group is seeking. \_\_\_\_\_

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b) Have you consulted a lawyer concerning this? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the name(s) and why you are not pursuing this matter with the lawyer consulted:

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3) Did you pay for the above-described services? \_\_\_\_\_

4) How did you hear of this Pro Bono Program?

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I hereby affirm that the above information is true and correct to the best of my knowledge. The answers to this questionnaire describe the matter(s) for which my organization is requesting free legal assistance. I understand the project cannot guarantee a referral or the successful resolution of our legal problem. **IT IS OUR ORGANIZATION'S RESPONSIBILITY & NOT THE RESPONSIBILITY OF THE PRO BONO PROJECT OR VL, TO PAY FOR ANY COSTS INVOLVED, SUCH AS FILING FEES WITH THE SECRETARY OF STATE.** I agree to notify the project promptly if we do not wish to continue receiving legal assistance or of any other change in circumstances. I further acknowledge that the project does not represent the organization & takes no responsibility for our case.

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date

**\*Return Application to:** Put Something Back Pro Bono Project  
28 West Flagler Street, Suite 608, Miami, FL 33130  
305-579-5733 \* Fax 305-372-7693 or  
**Email to:** [jnapoles@dadelegalaid.org](mailto:jnapoles@dadelegalaid.org)

For office use only:

Adopt an Agency	_____	Corporate Contracts	_____	Plaintiff
Not for Profit Corps	_____	Other	_____	Defendant