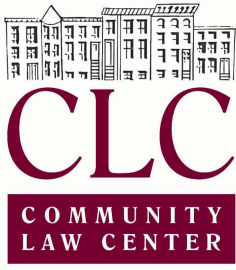


Read the instructions below carefully. If you have questions about Community Law Center's intake process, please contact Ingrid Hitchens at 410.366.0922 x13 or IngridH@communitylaw.org.



Lawyers for Neighborhoods

Community Law Center, Inc. requires the following information from its prospective clients. All information will remain confidential. Please print and fill out the form as completely as possible. **We will not be able to consider your application unless you provide this completed form, all requested information, and the nonrefundable application fee for each legal issue. If an application remains incomplete for more than 3 months, Community Law Center reserves the right to close the application and any further action will require a new application and fee. Completing an application does not automatically qualify your organization for legal assistance.** Community Law Center retains complete discretion as to which applicants it accepts. Community Law Center also makes no guarantee that, upon acceptance of your application, we will be able to locate an attorney to take your case. Please keep a copy of this application for your files. If you are a current or former client and believe the information requested in this application is already on file, please indicate that below.

APPLICATION FOR LEGAL SERVICES		
CONTACT INFORMATION		
Contact Person:	Title:	
Organization Name:		
Address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	Home Phone:
Fax:	Email:	
Preferred Method of Contact:	Website:	
ORGANIZATION'S PURPOSE & OPERATION		
Mission Statement of Organization:		
Activities and Programs of Organization:		
Population/Community Served:		Year Established:
Type of Organization: <input type="checkbox"/> Consumer <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Family/Children <input type="checkbox"/> Arts <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Environmental <input type="checkbox"/> Neighborhood Association <input type="checkbox"/> Community Development <input type="checkbox"/> Animal Welfare <input type="checkbox"/> Substance Abuse/Treatment		
BOARD		
Number of Board Members:	Board Meeting Time: Dates: Location:	
MEMBER INFORMATION (IF MEMBERSHIP ORGANIZATION)		
Number of Members:	Membership Meeting Time: Date: Location:	
Amount of Membership dues, if required:		
COMMUNITY INFORMATION (IF COMMUNITY GROUP)		
Geographic Boundaries:		
Number of People in Community:		

Please attach additional pages where needed.

**ASSISTANCE NEEDED**

Describe the legal assistance you are seeking in as much detail as possible.

List the names, addresses and telephone numbers of any attorneys who have worked with your organization on this matter or other legal matters. Please include what type of service the attorney(s) provided.

If you are seeking legal assistance for a matter that involves other people, organizations, or businesses, list their names below.

What action has your organization taken so far to address the issue(s)?

How did you hear about Community Law Center?

- Current or Former Client       Attorney       Newspaper article       Website
- Referral from another organization: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please attach additional pages where needed.**

## APPLICATION FOR LEGAL SERVICES

### ORGANIZATIONAL DOCUMENTS & ATTACHMENTS

Please attach the following documents, or indicate if the document is not available. Please note, depending on your legal issue, additional documents may be required.

Document Required	Attached	Unavailable (Please Explain)
Bylaws		
Articles of Incorporation		
List of Board Members (Include Contact Information and Officer Positions)		
Budget		
IRS 501(c)(3) Determination Letter		
Audited Financial Statement or 990 (if required to file)		
Administrative Agency File (if Liquor Board or Zoning Issue) - including the applicant's application, drawings or other proposed documents, and correspondence		

### STARTING A NONPROFIT

If you are requesting assistance starting a nonprofit, please fill out the section below.

Document Required	Attached	Unavailable (Please Explain)
Electronic draft of IRS Form 1023 (available at <a href="http://www.irs.gov/pub/irs-pdf/f1023.pdf">http://www.irs.gov/pub/irs-pdf/f1023.pdf</a> ), including all supplemental information.		

If you are requesting assistance with a 501(c)(3) application, one member of your board of directors must attend a "How to Start and Maintain a Nonprofit" Workshop. All workshops are held at Community Law Center and run from 6:30 – 8:30pm (except the Saturday workshop, which runs from 12 p.m. – 2 p.m.). The registration fee will be waived for one attendee; others are welcome to attend but must pay the \$40 registration fee. Please note here which upcoming workshop you will attend:

- Saturday, September 17, 2011   
  Monday, November 14, 2011   
  Thursday, January 19, 2012  
 Board member has already attended the workshop (name and date) \_\_\_\_\_

### APPLICATION FEE

A nonrefundable application fee (one fee for each legal issue) is due upon submission of this form. Use the following chart to determine your application fee based on your projected income for the current fiscal year:

<u>Projected Income</u>	<u>Application Fee</u>
\$0 – 4,999	\$100*
\$5,000 – 9,999	\$125
\$10,000 – 24,999	\$150
\$25,000 – 99,999	\$175
\$100,000 – 199,999	\$200
\$200,000 – 299,999	\$250
\$300,000 – 399,999	\$300
\$400,000 – 499,999	\$400
\$500,000 +	\$500

**Legal fees:** Most legal services are free of charge. In matters involving additional fees, the fee will be agreed upon between the attorney and the client organization. All clients may be responsible for filing fees, court costs, and other related expenses.

*\*The application fee covers CLC administrative costs, but is not meant to be a barrier to legal representation. If your organization cannot afford the full application fee, please contact us.*

*If you have questions about Community Law Center's intake process, please contact Ingrid Hitchens at 410.366.0922 x13 or [IngridH@communitylaw.org](mailto:IngridH@communitylaw.org).*

**AFFIDAVIT OF GROUP ELIGIBILITY, AUTHORIZATION, RELEASE & VERIFICATION**  
*All applicants must complete the affidavit of group eligibility. Please read the information below carefully.*

**Application Information:** I hereby authorize Community Law Center and its agents and employees to verify, disclose and make copies of any and all information provided in this application in the course of determining eligibility and in securing an attorney.

**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.

**Acknowledgement:** I hereby authorize Community Law Center and its agents and employees to use non-identifying information regarding my application for legal services and the legal services that I receive for purposes of reporting, program evaluation or otherwise, as necessary.

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

**By preparing and submitting this form, I certify that I am authorized to represent the organization and agree to meet all requests from Community Law Center and/or assigned attorneys for further information in a timely manner. I agree to contact a designated attorney promptly upon notification of assignment. I understand the policies outlined in this application form and recognize that Community Law Center may not be able to place my case with an attorney. I also acknowledge that the application fee is nonrefundable.**

**AFFIDAVIT OF GROUP ELIGIBILITY**

I hereby certify that, to the best of my knowledge,

[Enter organization name above]

has no practical means of obtaining funds to retain private counsel

AND :

[Please check "Yes" for the first category that applies, and then proceed to the signature line. Please select only one option.]	<b>Yes</b>
a. has a Board of Directors that is primarily composed of persons that meet the income guidelines as described in the Family Income Limits table.	
b. is a community-based organization with a membership that is primarily composed of residents in the community that meet the income guidelines defined in the Family Income Limits table.	

If you do not qualify under "a." or "b.," please check one of the options below:

c. is a community-based organization with boundaries that encompasses an area primarily composed of households that meet the income guidelines defined in the Family Income Limits table.	
d. provides services to low-income persons that meet the income guidelines defined in the Family Income Limits table.	
*e. other, please describe:	

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$26,519	\$2,210	\$510
2	\$34,679	\$2,890	\$667
3	\$42,839	\$3,570	\$824
4	\$50,999	\$4,250	\$981
5	\$59,158	\$4,930	\$1,138
6	\$67,318	\$5,610	\$1,295
7	\$68,848	\$5,737	\$1,324
8	\$70,378	\$5,865	\$1,353
9	\$71,908	\$5,992	\$1,383
10	\$73,438	\$6,120	\$1,412

\*If you do not mark "Yes" for a. – d., please explain further under e. You may still qualify for Community Law Center assistance.

Signature of Applicant:	Date:
Printed Name:	Title:

**Return completed application to: Community Law Center, Inc.**  
**3355 Keswick Road, Suite 200**  
**Baltimore, MD 21211**  
*Please retain a copy of this application for your records.*

For more information about the Community Law Center application process, please visit [www.communitylawcenter.org/apply\\_for\\_service/](http://www.communitylawcenter.org/apply_for_service/).