

**SAN DIEGO VOLUNTEER LAWYER PROGRAM**  
**Application for Legal Services**  
**(Organization/Corporation)**

TYPE OF SVC \_\_\_\_\_

DATE REC'D \_\_\_\_\_

DATE REFERRED \_\_\_\_\_

Please **PRINT** your responses and answer every question on this worksheet. If a question does not apply, indicate N/A (for "not applicable"). Attach additional sheets as necessary. Failure to complete this questionnaire may result in a delay or denial of legal services.

Today's Date \_\_\_\_\_

**1. Individual** (include maiden name) \_\_\_\_\_ Title \_\_\_\_\_

Individual's Social Security No. \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

**2. Organization** Name: \_\_\_\_\_

Is the address you listed above also the *organization's* address:  Yes  No

Is the above telephone number the *organization's* telephone number:  Yes  No

Has the organization incorporated?  Yes  No If so, in what state: \_\_\_\_\_

Type of Corporation \_\_\_\_\_

Federal Tax-Exempt Identification # \_\_\_\_\_ (provide proof of tax exempt status)

**3. Describe the organization's mission and primary activities, including who is eligible and targeted for your services.**

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**4. Attach a roster of all current/proposed officers and Board of Directors and their affiliations.**

**5. Has the organization ever been the defendant in a lawsuit or has it ever sued another party?**

Yes  No If yes, list all the opposing parties and the current status of the litigation.

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6. Please provide a copy of the organization's most recent annual budget, list all sources of revenue, and state the number of paid staff. FOR ORGANIZATIONS NOT YET FORMED: Please provide a list of all projected sources of revenue, i.e., state how will you intend to raise funds for the organization.

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7. Briefly describe why your organization is now requesting legal assistance or representation.

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8. Are you aware of any legal deadlines (e.g. filing deadlines, hearings, etc.)?  Yes  No  
Please describe: \_\_\_\_\_

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9. List the names of persons associated with the organization who need legal assistance or representation in this matter and identify their relationship to the organization (e.g. director, staff, client, etc.).

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10. Identify all potential opposing parties and other parties who may have a material interest in this case.

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**Fax completed form and any attachments to (619) 235-5668 or you can mail it to:  
SDVLP, 625 Broadway, Suite 925, San Diego, CA 92101.**