

### Request for Pro Bono Legal Assistance

This form will help Pro Bono Partnership of Atlanta to learn more about your organization and its legal needs. *Please download this form, and save it to your computer.* Please email the completed form, along with a copy of your most recent 501(c)(3) letter from the IRS, to [RLA@pbpatl.org](mailto:RLA@pbpatl.org). You may also attach a brochure or additional information about your organization, if desired.

**Given our limited capacity, we cannot accept every applicant as a client. We consider the overall sustainability of the organization in making these decisions. Incomplete requests will not be reviewed.**

Legal Name of Organization: \_\_\_\_\_

Trade Name or DBA, if applicable: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Name of contact person: \_\_\_\_\_

Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Please provide your organization's mission statement:

Please list your organization's service areas (i.e. Literacy, Childcare, Housing/Shelter).

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date of Screening Meeting: \_\_\_\_\_

Please describe how your organization serves low-income or disadvantaged individuals:

Please list the counties your organization serves.

For how many years has your organization existed? \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Month/Year of Incorporation: \_\_\_\_\_ / \_\_\_\_\_

Month/Year you received tax-exempt status: \_\_\_\_\_ / \_\_\_\_\_

EIN: \_\_\_\_\_

How many people are involved in running the organization?

Board Members: \_\_\_\_\_ Paid Staff: \_\_\_\_\_

Independent Contractors: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Board Chair/President Name: \_\_\_\_\_

Board Chair/President Email: \_\_\_\_\_

Board Chair/President Phone Number: \_\_\_\_\_

List the Board of Directors and Officers, including titles and affiliations (attach a separate sheet if necessary):

About how many people does your organization currently serve? \_\_\_\_\_

What is your organization's annual budget for the current year? \$ \_\_\_\_\_

What are the total gross receipts/revenues from the most recent fiscal year? \$ \_\_\_\_\_

Is there a line for legal fees? \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Please describe the specific kinds of legal assistance you now need or anticipate needing in the future (attach an additional sheet if necessary).

Please provide the name and affiliation of any lawyer that is now helping or has helped your organization, briefly describing the services provided. Also indicate if the services provided were pro bono or for a fee.

Please provide the name, telephone number, and affiliation of any attorney(s) that sit on the organization's board of directors.

Please tell us where you heard about the Pro Bono Partnership of Atlanta.

**\*\*\*Please attach the most recent copy of your 501(c)(3) letter from the IRS.** You may also attach a brochure or additional information about your organization, if desired.

If, after we review your application, we determine that we would like to move forward with potentially accepting your organization as a client, we will request an in-person meeting at our Midtown location. **You will be required to bring a Board Member to this meeting.**