ORGANIZATIONAL APPLICATION FOR PRO BONO LEGAL SERVICES

Organization Name: _____

Contact Person: _____
　　　　　　　　　　　　(Title)　　　　　　　　(First)　　　　　　(Last)

Day Phone:　(　)　_____　　Cell Phone:　(　)　_____

Email: _____

Name of Executive Director: _____

Check the box below that best describes the current status of your organization:

　　　Nonprofit 501 (c) (3) – date established: _____

　　　New organization in process of filing for 501 (c) (3) status

　　　Organization operating under umbrella of another nonprofit 501 (c) (3)

　　　　Please provide name of umbrella organization: _____

　　　Other – please explain: _____

Please list your Federal Employment Identification Number (EIN): _____

State of formation or incorporation: _____

Current operating budget: _____　　Number of paid staff: _____

What best describes your charitable organization's purpose?
_____
_____

What is your organization's mission statement?　　_____
_____
_____

Has the Board of Directors/Trustees for your organization authorized you to consult with The Cincinnati Bar Association to find legal assistance?
　　Yes　　　　　　No　　　　　　We do not have a Board

Briefly, but specifically as possible, describe the nature of the problem or need for which you are applying for assistance, and please note any important dates or deadlines:

_____
_____
_____
_____
_____
_____

If you have consulted a lawyer about this problem, please provide his/her name, firm and phone number:
_____

If you have any attorneys on your Board of Directors, please provide their names and firms:
_____
_____
_____

Do you have in-house counsel? If so, please list his/her name and contact information.
_____

Please email your application to: klawrence@cincybar.org

  I hereby affirm that the information contained in this application is correct and, to the best of my knowledge, complete. I understand that The Cincinnati Bar Association cannot guarantee that it will be able to refer to my case to a volunteer, the duration of the representation, or that the representation will be successful. I understand that The Cincinnati Bar Association makes no representation as to the skill of the referral attorney. I understand that my organization will be represented by a volunteer and not by The Cincinnati Bar Association. I agree that my organization will not oppose my volunteer's decision to withdraw from representation and my organization agrees to seek alternate legal counsel at such a time, including but not limited to circumstances that warrant litigation or arbitration of my case. I agree to promptly notify The Cincinnati Bar Association if my organization no longer requires volunteer services. I further acknowledge that the legal assistance here must be to a charitable organization, not to any individual or other for-profit entity.

Signature:_____ Date:_____