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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request for Pro Bono Legal Services**  Please complete and email this form to lawsocialenterprise@law.georgetown.edu | | | | | | | | | | |
| **Date** | | | | |  | | | | | |
| **Organization Name** | | | | |  | | | | | |
| **Contact Person** | | | | |  | | | | | |
| **Position/Title** | | | | |  | | | | | |
| **Address** | | | | |  | | | | | |
| **City** |  | | | | | | **State** |  | **Zip** |  |
| **Email** | | |  | | | **Telephone** |  | | | |
| **Website** | | |  | | | **Fax** |  | | | |
|  | | | | | | | | | | |
| **Intake Information** | | | | | | | | | | |
| **What is the social enterprise concept or mission of the organization?** | | | | | | | | | | |
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| **Does it serve a particular geographic area? If yes, does the area include the District of Columbia?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What type of population or customer base does the organization serve?** | | | | | | | | | | |
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| **Is your organization incorporated?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **If yes, where is your organization incorporated? What type of entity is your organization? (Ex: LLC)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Are you fiscally sponsored?** | | | | | | | | | | |
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| **If you are a nonprofit corporation, have you filed or received 501(c)(3) tax-exempt status from the IRS?** | | | | | | | | | | |
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| **What legal assistance do you need? Please explain your legal needs in detail.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What steps have you taken in setting up your organization?** | | | | | | | | | | |
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| **Is your organization currently operating? If not, when do you expect it to be operational?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does your organization have employees? If yes, how many?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **How is your organization currently financed or funded (include size of current operating budget)? How do you expect your organization to be financed or funded a year from now?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have any prior non-profit or business experience?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have a business plan for your organization?** | | | | | | | | | | |
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| **What is your deadline for completion of legal services? Are there any other deadlines we should be aware of?** | | | | | | | | | | |
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| **How did you hear about the Social Enterprise & Nonprofit Law Clinic?** | | | | | | | | | | |
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| **Comments (to be completed by clinic personnel only)** | | | | | | | | | | |
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|  | | | | | | | | | | |
| **This section to be completed by clinic personnel only** | | | | | | | | | | |
| **Date** | |  | | | | | | | | |
| **Called Back By** | | | |  | | | | | | |
| **Notes** | |  | | | | | | | | |

Bottom of Form