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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?** |
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| **What type of population or customer base does the organization serve?**  |
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| **Is your organization incorporated?** |
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| **If yes, where is your organization incorporated? What type of entity is your organization? (Ex: LLC)** |
|  |
| **Are you fiscally sponsored?** |
|  |
| **If you are a nonprofit corporation, have you filed or received 501(c)(3) tax-exempt status from the IRS?** |
|  |
| **What legal assistance do you need? Please explain your legal needs in detail.**  |
|  |
| **What steps have you taken in setting up your organization?** |
|  |
| **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?**  |
|  |
| **What is your deadline for completion of legal services? Are there any other deadlines we should be aware of?** |
|  |
| **How did you hear about the Social Enterprise & Nonprofit Law Clinic?** |
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|  |
| **Comments (to be completed by clinic personnel only)** |
|       |
|  |
| **This section to be completed by clinic personnel only** |
| **Date** |       |
| **Called Back By** |  |
| **Notes** |       |

Bottom of Form