



Innovation Law Clinic

Antonin Scalia Law School

3301 Fairfax Drive, MSN:1G3, Arlington, Virginia 22201

NON-PROFIT CLIENT INTAKE AND APPLICATION FORM

APPLICANTS **MUST COMPLETE** ALL REQUIRED PORTIONS OF THE APPLICATION.
APPLICATIONS WITH MISSING INFORMATION WILL NOT BE CONSIDERED.

Please submit your completed application by email to innovlaw@gmu.edu.

PART I: GENERAL INFORMATION

PERSONAL DETAILS (Required)

NAME (LAST, FIRST & MIDDLE INITIAL)			
STREET ADDRESS		HOME PHONE	
CITY, STATE, ZIP		WORK PHONE	
EMAIL ADDRESS		MOBILE PHONE	
ALTERNATE CONTACT NAME		ALT PHONE	
IS ENGLISH YOUR FIRST LANGUAGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DO YOU NEED AN INTERPRETER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHAT LANGUAGE?

STATISTICAL INFORMATION (Optional)

The following personal information is optional and used only for statistical purposes for further funding of our program. Please check the appropriate boxes:

RACE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> LATINO/HISPANIC	<input type="checkbox"/> NATIVE AMERICAN
	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER		
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	

(REQUIRED) We occasionally need to use non-confidential information about our clients and their cases in public relations materials. May we release your name and non-confidential information about your case for such purposes? ☐ YES ☐ NO

PART II: ORGANIZATION INFORMATION (REQUIRED)

Please attach a copy of your business plan. If you require a standard business plan template, please refer to the resources provided by the [Small Business Administration](#) or [SCORE](#).

ORGANIZATION NAME			
STREET ADDRESS (IF DIFFERENT FROM ABOVE)			
CITY, STATE, ZIP		BUSINESS PHONE	
BUSINESS EMAIL ADDRESS		WEBSITE	
BRIEFLY STATE THE MISSION OR PURPOSE OF YOUR ORGANIZATION			

PART III: MORE BUSINESS INFORMATION (REQUIRED)

If you are currently conducting your business, answer as many of the following questions as you can. If not, skip to Part IV.

1. (Please check one.) I am conducting business as a:

- ☐ NOT SURE
- ☐ 501(C)(_____)
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ CORP
- ☐ LLC
- ☐ OTHER _____

Please attach copies of any formation documents—such as articles of incorporation, bylaws, LLC certificate of formation, LLC or partnership agreement, etc.

2. When did you start the organization?

3. How many employees do you currently employ?

4. Do have any outstanding leases? ☐ YES ☐ NO
If yes, please submit a copy of the lease.

5. Did your business have any revenue (i.e. charitable donations, membership fees, investment income) last year? ☐ YES ☐ NO

- If yes, what is the total amount?
- If yes, what is the revenue for your business to date (total for all years in business)?

6. Attach a current copy of your balance sheet and profit and loss statement. If it is not clear on your balance sheet and/or profit and loss statement (or if you do not have a balance sheet/profit and loss statement), please list any revenue to date and the costs or expected costs of running your business this year.
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PART IV: LEGAL ASSISTANCE (REQUIRED)

1. If you can, briefly describe your legal questions and issues.

2. Have you consulted an attorney concerning any of the above matters? ☐ YES ☐ NO
 - If yes, please provide the name, address, and telephone number of the attorney consulted.

 - Was the attorney paid? ☐ YES ☐ NO
 - Why are you not continuing to pursue this matter with the attorney consulted?

3. Have you received any assistance starting your business from an organization? ☐ YES ☐ NO
 - If yes, please identify the organization.

4. If applicable, please identify the organization or person that referred you to the Innovation Law Clinic.

PART V: FINANCIAL INFORMATION (REQUIRED)

Please attach proof of your organization's tax-exempt status, if applicable.

1. Dependents (people you support):
 - Number of children:
 - Number of Others (i.e. parents, other relatives):
Please explain.

2. Employment
 - Your employer:
 - Spouse's employer:

3. Monthly Income Sources (Gross)

Employer (You)	\$	per month	Bank Account(s)	\$
Employer (Spouse)	\$	per month	Equity in Realty	\$
S.S.I	\$	per month	Equity in Auto(s)	\$
Public Assist. (TANF/GAU)	\$	per month	Year & Make	\$
Unemployment Insurance	\$	per month	Stocks & Bonds	\$
Social Security	\$	per month	Cash on Hand	\$
Retirement	\$	per month	Other (Specify)	\$
Other	\$	per month	Other (Specify)	\$
Total Gross Income	\$	per month	Total Assets	\$

4. Do you have income from any other source (e.g. family, friends, etc.)? ☐ YES ☐ NO
- If yes, how much and from whom?

5. Please list your monthly expenses (e.g. childcare, medical, transportation, etc.).

6. Is your business being financed in part or full by a source other than yourself? ☐ YES ☐ NO
- If yes, by whom? (i.e. family members, friends, banks, or grants)

7. Have you applied for any loans to finance your business? ☐ YES ☐ NO
- If yes, from what financial institution(s)?

8. Do you have any partners, co-founders, or co-founders in your business? ☐ YES ☐ NO
If yes, list the following:

- Name #1:
Total annual gross household income \$
- Name #2:
Total annual gross household income \$
- Name #3:
Total annual gross household income \$

PART VI: CERTIFICATION

I hereby certify that all of the information in this application is true to the best of my knowledge. I understand that the Innovation Law Clinic may use this information in evaluating my eligibility for free legal services.

By signing this form, you are agreeing that the information you provided to the Innovation Law Clinic may be disclosed to attorneys in efforts to recruit *pro bono* assistance for your business. You also agree that the Innovation Law Clinic may disclose to its funders non-confidential information about your business.

SIGNATURE _____

DATE _____