

## Judge Don Castor Community Law Center Client Application

If you are a non-profit organization or community group seeking assistance, please answer all of the questions below. Please reply with 'N/A' to any questions that are not applicable to you or your organization.

Name of Group (proposed name) or corporation:

\_\_\_\_\_

State of Incorporation, if you are a corporation: \_\_\_\_\_

Date Incorporated, if you are a corporation: \_\_\_\_\_

If you are incorporated, are you (Check  Yes or  No):

Not-For-Profit: Yes \_\_\_\_\_ No \_\_\_\_\_

For Profit: Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a not-for-profit corporation, are you tax-exempt? : Yes \_\_\_\_\_ No \_\_\_\_\_

Street Address:

\_\_\_\_\_

Mailing Address (If different from street address)

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: **(A valid email address must be entered here)**

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

Primary Contact Address: \_\_\_\_\_

Primary Contact City: \_\_\_\_\_

Primary Contact State: \_\_\_\_\_

Primary Contact Zip: \_\_\_\_\_

Primary Contact Position/Office: \_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Secondary Contact Address: \_\_\_\_\_

Secondary Contact City: \_\_\_\_\_

Secondary Contact State: \_\_\_\_\_

Secondary Contact Zip: \_\_\_\_\_

Secondary Contact Position/Office: \_\_\_\_\_

Secondary Contact E-mail: \_\_\_\_\_

If you are not yet incorporated, please list all proposed board members (or attach a list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the corporation (or proposed corporation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic target area(s):

List every Florida county or other location where you are located or will primarily do business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(The next question is mandatory. Your application cannot be processed without a response.)**

**Does the corporation (proposed) serve (will serve) primarily low income people? Yes\_\_\_\_\_ No\_\_\_\_\_**

What is the age of the individuals you serve (propose to serve)? \_\_\_\_\_

What services do you (will you) provide?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Approximate number of clients the corporation serves (proposes to serve) annually:

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Do you have a business plan? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have articles of incorporation? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have bylaws? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a copy of your Application for Exempt Status (501c3)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a copy of the IRS Determination Letter for your 501c3 organization? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a website for your corporation (proposed)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, what is the web address?

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Do you have any written materials describing your organizational mission? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(The next question is mandatory. Your application cannot be processed without a response.)**

**Is the corporation (proposed) financially unable to retain and pay for a private attorney?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

What was the corporation's (proposed) net income for the previous two fiscal years?

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What is the corporation's budget?

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Does the corporation (proposed) have any board members who are attorneys? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so please list:

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If any attorneys are listed above, could this attorney assist with this matter? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Has the corporation (proposed) retained and paid an attorney in the past 12 months?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so please list the name and address of the attorney:

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General statement of your legal problem:

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How did you learn about the Judge Don Castor Community Law Center?

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Submitted by: \_\_\_\_\_

Office/title (proposed): \_\_\_\_\_

Contact form submitter? Yes \_\_\_\_\_ No \_\_\_\_\_

**Once you have completed this application, you can *Email* it to [jdccclc@bals.org](mailto:jdccclc@bals.org) or submit via *FAX* to (813) 226-8510. Please contact the *Bay Area Volunteer Lawyers Program* at (813) 226-8685, ext. 110 if you have any further questions about this form, or if you wish to check the status of your submitted application. Thank you.**