

**University of Massachusetts School of Law  
Community Development Clinic**

333 Faunce Corner Road ♦ North Dartmouth, MA 02747 ♦ Telephone: 508-985-1163 ♦ Fax: 508-985-1136

***Application for Pro Bono Legal Assistance***  
*(Updated 7/02/2022)*

**Part 1: Prospective Client Contact Information**

**1. Organization: TODAY'S DATE:** \_\_\_\_\_ Check this box if the Organization does not yet exist:

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

**2. Primary Contact:**

Name of Primary Contact Person/Owner: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone (that we may contact you at): \_\_\_\_\_ Home  Work  Mobile

Alternate Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: (if applicable): \_\_\_\_\_

Preferred Method(s) of Contact: Phone  Email  Either

Best times for calls/meetings: \_\_\_\_\_

Other Contact Notes: \_\_\_\_\_

**3. Secondary Contact:**

Name of Secondary Contact Person/Owner: (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method(s) of Contact/Other Contact Notes: \_\_\_\_\_

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4. Are there any deadlines relating to your request for legal assistance or do you require the completion of legal services by a specific date? No  Yes

If Yes, please explain and provide relevant date(s): \_\_\_\_\_

5. How did you hear about the Community Development Clinic? \_\_\_\_\_

6. Has the organization previously applied to the Community Development Clinic for legal assistance? No  Yes

7. Has the organization or any of its primary decision-makers worked with the Community Development Clinic before? No  Yes

If Yes, please indicate when and in what capacity: \_\_\_\_\_

8. Do you have any special needs of which the Clinic should be aware (such as use of an interpreter or accommodations for persons with disabilities)? Please note that the existence of special needs will not impact your eligibility for Clinic services: No  Yes

If Yes, please describe: \_\_\_\_\_

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

**Part 2: Organization Background Information**

9. Please check the appropriate box for your organization: For-profit  Non-profit  I'm not sure  10. Please

briefly describe your organization and its activities, including the products or services it provides:

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

11. Please describe the geographic area and/or client base your organization serves: \_\_\_\_\_

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

12. If your organization is currently operating as one of the following entity types, please check the corresponding box:

- Not sure  Sole proprietorship  Partnership  
 For-profit Corporation  Non-profit Corporation  Limited Liability Company  Other; Please specify:

\_\_\_\_\_

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**13.** When did the organization begin operating? \_\_\_\_\_

Check here if the organization has not yet begun operating:

**14.** Does the organization have any employees, interns, or volunteers? No  Yes

If Yes, please specify how many and briefly describe their activities: \_\_\_\_\_

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

**15.** Does your organization regularly collaborate with other organizations to accomplish its goals? No  Yes

If Yes, please identify the other organizations and describe the nature of any collaboration (attach an additional sheet if necessary):

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

**16.** Is the organization currently working with a lawyer or has it previously worked with a lawyer? No  Yes

If Yes, please answer the following questions regarding each lawyer or law firm the organization has worked with (please attach additional sheets if more space is needed):

Lawyer Name: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Law Firm Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates of Working Relationship: \_\_\_\_\_

What work did the lawyer perform for the organization? \_\_\_\_\_

\_\_\_\_\_

Why is the lawyer no longer representing the organization in this matter? \_\_\_\_\_

\_\_\_\_\_

Did the lawyer require payment from the organization for providing any of the above legal services? No  Yes

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**Part 3: Legal Needs**

17. Please indicate your reasons for contacting the Clinic by checking the boxes below that correspond to your organization's legal needs:

- General Legal Advice to Determine Needs
- Choice of Entity Assistance
- Real Estate or Land Use (including Landlord/Tenant issues)
- Formation/Incorporation of a Business or Non-profit organization (circle one)
- Employment Law
- Government Regulations
- Drafting/Reviewing Bylaws, Operating Agreements or similar governance documents
- Contract Drafting or Review. Please Specify Contract Type if Known: \_\_\_\_\_
- Other; Please Specify: \_\_\_\_\_

18. You may use the space below if you would like to further explain your legal needs (occasionally, Clinic legal services may be available in areas beyond those specified above based on a case-by-case determination):

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**Part 4: Financial Information**

*The Clinic requires the following organizational and personal financial information to aid in its determination of whether applicants qualify for free, pro bono, legal services with the Clinic. This correlates with the Clinic's commitment to serving businesses and non-profit organizations that would otherwise be unable to afford legal assistance.*

**Organization Financial Information**

19. What was the organization's total gross revenue for its most recently completed tax year (include all revenue regardless of expenses)? \$ \_\_\_\_\_

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20. What were the organization's total profits for its most recently completed tax year (equal to gross revenue reduced by any expenses)?

\$ \_\_\_\_\_

21. What is the organization's anticipated total gross revenue for its current tax year? \$ \_\_\_\_\_

22. What is the organization's anticipated total profit for its current tax year? \$ \_\_\_\_\_

23. Is the organization financed in part or in full by a source other than its owners? No  Yes  If Yes, please describe the nature of the support and its source (e.g., family members, friends, banks, grants):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Has the organization, or someone on behalf of the organization, recently applied for any loans or grants to finance the organization or received any donations? No  Yes

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. What is the value of the organization's total current assets? \$ \_\_\_\_\_

26. How much cash does the organization currently hold? \$ \_\_\_\_\_

\_\_\_\_\_

**Part 5: Additional Materials**

29. Please attach copies of as many of the following documents as is feasible (retain originals for your own records):

- A copy of the organization's business plan if a for-profit business, strategic plan if a non-profit organization, or other descriptive materials about the organization.
- A list of the names and contact information for all co-owners, directors, advisors, and/or officers of the organization. (Please include name, position/title, address, and phone number for each.)
- If applicable, a copy of the organization's business license, articles of organization, and/or governance document (such as Bylaws, Partnership Agreement, or Operating Agreement).
- A copy of the organization's current balance sheet, profit and loss statement, and/or budget.
- A copy of the organization's most recent business income tax return OR a copy of a non-profit organization's most recent Form 990 informational return OR copies of the most recent personal income tax returns for the primary principals of the organization.

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**Part 6: Authorization and Signature**

AUTHORIZATION TO RELEASE INFORMATION

Application Information: I hereby authorize the Community Development Clinic at the University of Massachusetts School of Law (“Clinic”), its collaborating organizations, and their agents and employees, to verify, disclose, and make copies of any and all information provided in this Application in the course of determining eligibility for pro bono legal services or during the course of legal representation if my case is accepted.

Release: I hereby release any person or entity complying with this Authorization from any and all claims relating to the disclosure of any such information and documents.

Authorization to Release Information to Third Parties: There may be instances in which it may be beneficial for the Clinic to consult with community partners about your organization. These partners may include local legal service providers or community development institutions. You authorize the Clinic to release information about your case to third parties to assist the Clinic in evaluating and completing work on your case.

Also, on occasion, members of the media or press may inquire about the types of clients we represent. You:  authorize  do not authorize (please check one) the Clinic to share your name and your organization’s name with members of the press and to disclose that you are (or your organization is) a current or former client of the Clinic if applicable, as well as to identify your organization in the Clinic’s marketing materials.

Validity: A copy of this Authorization shall be as valid as the original.

By signing below, you certify that all of the information provided in this Application for Pro Bono Legal Assistance is true and complete to the best of your knowledge and that you are authorized to submit this Application on behalf of the above named organization. The applicant agrees to notify the Clinic in the event of any changes to this information while continuing to pursue legal assistance from the Clinic and agrees that the Clinic has the right to reject any applicant or withdraw from representing a client that submits an Application with inaccurate information. You further acknowledge that this Application is a request for legal assistance, and its submission to the Clinic does not obligate the Clinic to accept representation of your matter. The Clinic will make the determination as to which applicants it will offer legal services based upon the need of the applicant, the capacity of the Clinic, and the learning experience provided to the students. Submission of this Application does not obligate you or your organization to accept the Clinic’s services or the Clinic to provide them in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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*The Clinic will protect the confidentiality of the information submitted in this Application in conformance with the ethical rules under the Massachusetts Rules of Professional Conduct and the above Authorization to Release Information regardless of whether your organization ultimately retains the Clinic's services.*

*Please submit your completed Application with all necessary attachments by email, mail or fax to the Community Development Clinic at the following address:*

*Community Development Clinic  
University of Massachusetts School of Law  
333 Faunce Corner Road  
North Dartmouth, MA 02747  
Fax: (508) 985-1136*

*EMAIL: [lowens@umassd.edu](mailto:lowens@umassd.edu) (cc: [cliniccoordinator@umassd.edu](mailto:cliniccoordinator@umassd.edu))*

*Thank you for your interest in the Community Development Clinic! A Clinic representative will soon follow-up on your request.*

