



Request for Services Relating to Nonprofit Work

DATE: _____ REFERRED BY: _____

GROUP NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GROUP IS: FOR PROFIT NOT FOR PROFIT

GROUP CONTACT NAME: _____

PHONE: _____ FAX: _____ ALTERNATE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

WHEN DID GROUP'S EXISTENCE BEGIN? _____

CRITERIA FOR MEMBERSHIP IN GROUP OR CRITERIA FOR CLIENTS SERVED:

AMOUNT BUDGETED FOR ATTORNEYS OR OTHERWISE AVAILABLE FOR ATTORNEYS: _____

HOW MUCH HAVE YOU PAID FOR LAWYERS IN THE LAST THREE YEARS: _____

BRIEFLY DESCRIBE PURPOSE OF GROUP: _____

