

Community Law & Business Clinic Application for Legal Services

CL&BC requires the following information from its prospective clients. All information will remain confidential. Please print and fill out the form as completely as possible. Completing an application does not automatically qualify your business for legal assistance.

Return completed application to: WFU Community Law & Business Clinic, 8 West Third Street, Suite 100A, Winston-Salem, NC 27101. Or fax completed application to: (336) 631-1955. Or e-mail completed application to Nan Smith at smithng@wfu.edu.

1. INDIVIDUAL INFORMATION

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ cell/home/other

2. BUSINESS INFORMATION

Name: _____
For Profit or Nonprofit? _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____
Fax: _____
E-mail: _____
Website: _____

3. ORGANIZATION STATUS

A. Please check the box that best describes your enterprise:

Start-Up (not yet operating)

Existing: Year established: _____ Year acquired: _____

B. How is your business or nonprofit organized?

Sole Proprietorship LLC
Not Incorporated
 Partnership Corporation

C. Have you prepared a written business plan? _____

D. Do you have any partners, or are there other owners? _____ If yes, please name:

4. DESCRIBE YOUR BUSINESS OR NONPROFIT ACTIVITIES:

5. ESTIMATED INCOME AND ASSETS:

A. What is the average monthly gross income? _____

B. What is the average monthly net profit? _____

C. What is the value of your business assets? _____

D. If a nonprofit, what is the organization's budget and how are these funds earned?

6. CURRENT NUMBER OF HIRED INDIVIDUALS: (including owners, employees and independent contractors):

Owner(s): _____ Full Time: _____ Part Time: _____

Employee(s): _____ Full Time: _____ Part Time: _____

Contractors(s): _____ Full Time: _____ Part Time: _____

7. PROJECTED NUMBER OF INDIVIDUALS EXPECTED TO BE HIRED WITHIN THE NEXT YEAR:

Employee(s): _____ Full Time: _____ Part Time: _____

Contractor(s): _____ Full Time: _____ Part Time: _____

8. BUSINESS QUESTIONS AND CONCERNS

A. What type of assistance are you seeking?

B. Please explain in as much detail as possible your legal needs and attach a copy of any pertinent documents for review such as the draft for a contract or lease. Also, please include any deadline relating to your request for assistance.

C. Have any attorneys worked with your business in the past? _____ If so, please list their name and contact information.

D. Does the legal assistance you seek involve any other people, organizations, or businesses? _____ If so, please list them below to avoid conflicts of interest.

9. NETWORKS

A. How did you hear about the Community Law & Business Clinic?

B. Please write any additional comments:

10. AGREEMENT

The Community Law & Business Clinic strives to serve the needs of low-wealth entrepreneurs and nonprofit organizations. By signing below, I understand that I am applying for services because my business or nonprofit lacks funds to hire a private attorney and lacks access to legal services.

The Community Law & Business Clinic is an academic program within the Wake Forest University School of Law. By signing below, I understand that, if I am accepted as a client, I will be assisted by Wake Forest University students.

Signature: _____ Date: _____

Note: *Please attach copies of any relevant paperwork concerning your business; i.e., business plan, most current tax return, most current business return, articles of incorporation, organizational bylaws, etc.*

Please mail this form to:
Wake Forest University
Community Law & Business Clinic
8 West Third Street, Suite 100A
Winston-Salem, NC 27101

Or, email to: smithng@wfu.edu

EVERY EFFORT IS MADE TO RESPOND TO APPLICATIONS WITHIN 10 BUSINESS DAYS.



FOR OFFICE USE:

I. FILE STATUS:

A. ACCEPTED (Date): _____

- **Clinician(s) Assigned:** _____

- **1st Client Meeting** (Date): _____
- **Supervising Attorney:** _____

B. REJECTED (Date): _____

- **Reason:** _____

C. REFERRED (Date): _____

- **To whom:** _____

D. CLOSED (Date): _____