

MARYLAND LAWYERS FOR THE ARTS, INC.

113 WEST NORTH AVENUE

BALTIMORE, MD 21201

APPLICATION FOR LEGAL ASSISTANCE

FOR AN ORGANIZATION

Name of Organization: _____

Contact Person for this Application: _____

Title: _____

Address: _____

Home Phone: (____)_____ Business Phone: (____)_____

Is this application for an existing organization?

Yes _____ No _____ If yes, how long? _____

Is the organization incorporated?

Yes _____ No _____ If yes, in what state? _____

Tax Exemption Number: _____

Please indicate the type of organization by checking the appropriate category:

_____ Arts Service Organization _____ Media: Film/TV/Video/Radio

_____ Community Arts Center _____ Museum

_____ Dance _____ Music

_____ Drama/Theater _____ Visual: Crafts/Gallery/Studio

_____ Interdisciplinary Arts Organization _____ Other (Please specify)

***Please provide your organization's current annual budget, and/or financial statement, and Form 990.**

When answering the following questions, please use additional sheets where necessary. If available, attach a sample of your organization's printed materials (flyers, advertising and organizing documents).

1. Please describe your organization's purposes and activities.

2. What is your organization's budget for this year? Enclose a financial statement or annual report. If your organization is just forming, please enclose a proposed budget.
3. Have you received funding this year? Yes _____ No _____
If yes, please give sources and amounts. If your organization is just forming, list specifically where the organization will seek funding.
4. Please describe the nature of the organization's legal problem for which you are applying for assistance. If you need more space, please attach additional sheets.
5. Have you consulted a lawyer concerning the above problem? Yes _____ No _____
Are you currently represented by a lawyer? Yes _____ No _____
If the answer to either is yes:
Name _____ Phone (____) _____
6. How did you learn about MLA?

MLA's funding sources may ask for names of some of our clients. If it is determined that you are eligible for assistance, may we list your name? (Determination of your eligibility is in no way affected by your response to this question.)

Yes _____ No _____

I hereby affirm that the information contained in this application is correct and to the best of my knowledge, complete. I request that MLA refer me to a panel attorney. I agree to report immediately to MLA any changes in my circumstances that may affect my eligibility.

I understand that MLA makes no representation as to the skill of the referred lawyer nor as to a degree of successful representation.

I understand I will be represented by the referred lawyer or the referred lawyer's law firm and not MLA. MLA is only a legal referral organization.

I agree to pay MLA a non-refundable administrative fee of \$300 for 501(c)(3) non-profit incorporation or \$100 for other matters in the form of cash, check or money order payable to Maryland Lawyers for the Arts.

Signature: _____

Date: _____