



Small Business Application for Legal Services

NC LEAP requires the following information from its prospective clients. All information will remain confidential. Please print and fill out the form as completely as possible. **We will not be able to consider your application unless you provide all requested information.**

Completing an application does not automatically qualify your business for legal assistance. NC LEAP retains complete discretion as to which applicants it accepts. **NC LEAP does not accept cases for litigation.** Please keep a copy of this application for your files.

**Return completed application to: NC Bar Association, Attn: NC LEAP, PO Box 3688, Cary, NC 27519-3688.
Or fax completed application to: (919) 657-1585.**

I. INDIVIDUAL INFORMATION

(Complete this section separately for each individual business owner. Attach individual sheets if necessary.):

Name: _____ Date of Birth: _____
Last First

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Race/Ethnicity: African American Asian/Pacific Islander Caucasian
 Latino Native American Other

Gender: Male Female

Number of Household Members: Adults: _____ Children: _____

Gross Household Income: \$ _____ per month or per year

Source(s) of Income: Please check all that apply

- Work (other than business described in Part II) Income from business described in Part II
 Unemployment benefits Public Assistance
 Other _____

(Please describe)

Assets: Cash: \$ _____ Bank Accounts \$ _____ Other \$ _____

II. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: () _____ Facsimile: () _____

E-mail: _____

Business Status: (Please select one):

Start up (not yet in business)

Existing Business: Year Established: _____ Year Acquired: _____

For existing businesses please identify your form:

Sole Proprietorship

Partnership

Corporation (C or S)

LLC

LLP

Please include these documents.

Type of Business: (Please select one):

Retail

Service

Manufacturing

Construction

Wholesale

Other (specify) _____

Please provide information for estimated business income and assets:

What is your business average monthly gross income? _____

What is your business average monthly net profit? _____

What is the value of your business assets? _____

Current Number of Hired Individuals: (including owners, employees and independent contractors):

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

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

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

Projected number of individuals your business expects to hire within the next year:

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

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

III. ASSISTANCE NEEDED

1. What type of assistance are you seeking?

- Contract Draft/Review Entity Formation Employment Advice
 Lease Draft/Review Intellectual Property General Business Advice
 Other: _____

Describe the legal assistance you are seeking in as much detail as possible. For instance, if you are seeking assistance with contract or lease review please describe the contract or lease you need assistance with and attach a copy of the draft contract or lease. Please include any deadline relating to your request for assistance. **We cannot accept your application if this section is not completed.** Attach a separate sheet of paper if necessary.

2. List the names, addresses and telephone numbers of any attorneys who have worked with your business. Please include what type of work the attorney(s) provided. Explain why the attorney is currently unable to provide your business with assistance.

3. If you are seeking legal assistance for a matter that involves other people, organizations, or businesses, list their names below. NC LEAP must eliminate all conflicts of interest in order to refer your case to a volunteer attorney. Attach a separate sheet of paper if necessary.

4. Have you applied for NC LEAP services in the past? No Yes If so, when? _____

5. Please list any special needs, such as the use of an interpreter or accommodations for persons with disabilities.

6. How did you hear about NC LEAP? Agency (please name) _____
 Attorney Advertisement/Newspaper Former Client
 Friend Other: _____

IV. FINAL APPLICATION CHECKLIST

Please include the following documents with your application. In addition, enclose any other documents that may assist North Carolina Lawyers for Entrepreneurs Assistance Program in assessing your application including copies of all documents related to the specific legal problem(s) of your business.

- Completed, signed application form.
- Copy of a Business Plan, *if available*.
- Copy your individual tax return for the most recent year. We cannot open your case without this information.
- Copy of your business return for the most recent year if your business is already formed.
- Copy of any documents related to your legal request.
- Copy of business organizational documents (i.e. articles of incorporation/organizational bylaws, etc.)

V. AUTHORIZATION, RELEASE & VERIFICATION

Application Information: I hereby authorize NC LEAP, and its agents and employees, to verify, disclose and make copies of any and all information provided in this Application in the course of determining eligibility and in securing an attorney.

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.

Acknowledgement: I hereby authorize NC LEAP and its agents and employees to use non-identifying information regarding my application for legal services and the legal services that I receive for purposes of reporting, program evaluation or otherwise, as necessary.

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

The undersigned hereby certifies that all of the information in this application is true, correct and complete and that he/she is authorized by the business and all its owners to submit this application to NC LEAP. The applicant further agrees to notify NC LEAP in the event of any changes to this information and understands and agrees that NC LEAP has the right to reject any applicant or withdraw from representing a client that submits an application with inaccurate information.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

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