Florida Coastal School of Law
Business and Entrepreneurial Law Clinic
Application for Legal Assistance

If you would like for your business to be considered for representation by students of the Business and Entrepreneurial Law Clinic, please complete this form, to the extent you are able, and submit the form via email to the clinic supervising attorney, Katharine Hartland: khartland@fcsl.edu.

Please note: completion of this application does not constitute the formation of an attorney-client relationship. You should expect to receive an email notification from a student clinician within a week or two of submission, either (1) to inform you that we are not able to assist your business, or (2) to set up an initial meeting with you. After the initial meeting, if we determine that we are able to assist you, we will prepare a retainer agreement. Only upon execution of the retainer agreement by all parties will an attorney-client relationship begin. If your needs are urgent, please continue to seek assistance from appropriate counsel.

BUSINESS CONTACT INFORMATION

1. Name of Business: ______________________________________________________

Address: ________________________________________________________________

________________________________________________________

Phone Number: __________________________ Fax Number: _______________________

Web Site: ________________________________________________________________

2. Name of Owner / Contact Person: __________________________________________

Position/Title: ___________________________________________________________

Work Phone: ___________________________ Home Phone: _______________________

Email: _________________________________________________________________

3. Additional Owners or Contact Persons, if any:
Name of Second Contact Person: __________________________________________

Position/Title: __________________________________________________________

Work Phone: __________________ Home Phone: ____________________________

Email: ____________________________

BACKGROUND OF ORGANIZATION

4. Please describe the nature of your business (what products are sold and/or services provided).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Please attach a copy of your business plan. If your business is a nonprofit organization, attach a list of board members and officers. If you have a nonprofit Strategic plan or a business plan, please attach it.*

5. Are you conducting the business as (please check one):

_____ Sole Proprietor _____ Partnership _____ Corporation (For Profit or Non Profit)

_____ LLC

*If you did not check Sole Proprietor, please attach:*

*COPIES of any formation documents such as a business license, articles of incorporation and by-laws or partnership agreement, or any other papers that may be helpful. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.*

*A list of all the other partners or co-owners in the business. Include their names, titles (if any), addresses, phone numbers.*

6. When did you start doing business? ________________________________
7. Please describe the geographic area the business serves. Specify neighborhood(s), county or counties, or regions.

________________________________________________________________________
________________________________________________________________________

8. How many employees do you currently employ? ____________

9. Do you have any leases? ___ Yes ___ No

   *If yes, please list and submit a copy of the lease.*

10. Did your business have any revenue last year? ___ Yes ___ No

11. If yes, what was the total amount? $ ______________

12. What was your revenue for the two previous tax years? ______________

   *Please attach:*

   *A current copy of your balance sheet and profit loss statement.*

   *Your business income tax return for the most recent two years (e.g., Form 1040, Schedule C, 1065, or 1120).*

13. Please describe the population served by your business (age, gender, economic background, etc.).

________________________________________________________________________
________________________________________________________________________

14. Does your business collaborate with other organizations / businesses to accomplish its goals? ___ Yes ___ No

   *If yes, please attach a list of those partners or collaborating organizations and describe the relationship.*
LEGAL NEEDS

15. Please check areas of legal need or assistance:

GENERAL
_____ Legal consultation to determine needs

CHOICE OF ENTITY
_____ Sole Proprietorship
_____ General Partnership
_____ Corporation - C Corporation
_____ S Corporation
_____ Limited Liability Company (LLC)
_____ Not-for-profit Corporation
_____ Federal Tax Exemption for Nonprofit Corporation (501(c)(3))

CONTRACTS
_____ Employment Contract
_____ Service Contract
_____ Other type of Contract (specify): ________________________________

LICENSES OR PERMITS
_____ License (specify type if known): ________________________________
_____ Permit (specify type if known): ________________________________

INTELLECTUAL PROPERTY
_____ Copyright
_____ Trademark
_____ Patent (Note: the Clinic does not handle patent cases.)

TAXES
_____ Employer Identification Number
_____ Other (explain): ________________________________

INSURANCE
_____ Type of Insurance

OTHER
_____ Specify type of help requested: ________________________________

15a. If your business is a social enterprise or a cooperative, please explain.

*Please attach COPIES of all related documents such as contracts, letters, title documents, project proposals, etc. KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS.*
16. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

17. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Prior legal representation:

18. Has a lawyer ever worked with your business?

___ Yes ___ No  (If "No," please go to question 23).

19. If so, what is the lawyer's name, address and phone number?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

20. Why is she/he no longer representing your business in this matter?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

21. What work did she/he perform?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
22. Did you pay for any of the legal services described above?

___ Yes ___ No

23. Is your business being financed in part or in full by a source other than yourself?

___ Yes ___ No

24. If yes, by whom? (Examples: family members, friends, banks, grants) Please list:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. Have you applied for any loans to finance your business? ___ Yes ___ No

FINANCIAL INFORMATION FOR NONPROFIT ORGANIZATIONS

31. How much money does your organization have now?

________________________________________________________________________

32. Has your organization secured grants or donations? If so, please specify.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

33. Do you have a current budget? *If so, please attach.*
34. Do you have any special needs, such as the use of an interpreter or accommodations for persons with disabilities?
CHECKLIST

Please include the following documents. In addition, enclose any other documents that may assist the Clinic in assessing your application.

_____ Copy of business plan / list of board members and officers / board members' biographies

_____ If not a sole proprietor, a list of all the other partners or co-owners in the business.
   Include their names, titles (if any), addresses, phone numbers

_____ List any partner or collaborating organizations, with a description of the relationship.

_____ Copies of all documents related to the organization's specific legal problem(s).

_____ If your for-profit business is already established, the income tax returns for your business for the past two years.
AUTHORIZATION TO RELEASE INFORMATION

Application Information: I hereby authorize the Business and Entrepreneurial Law Clinic, or 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 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 business. These partners may include community development financial institutions and banks. You authorize the Clinic to release information about your case to third parties. Also, on occasion, members of the media or press may inquire about the types of clients we represent. You authorize us to share your name with members of the press and to disclose that you are (or your company is) a client of the Clinic.

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

The undersigned certifies that all of the information in this Application is true, correct, and complete, and that he/she is authorized by the above business to submit this Application to the Clinic. The applicant further agrees to notify the Clinic in the event of any changes to this information and understands 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. The Clinic will make the determination as to which applicants receive legal services based upon the need of the applicant, the capacity of the Clinic and the learning experience of the students.

Signature: ___________________________ Date: __________________

Print Name: _________________________ Title: _________________________