

DATE:	REFERRED BY:	:		
GROUP NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:		_
GROUP IS: ☐ FOR PROFIT	☐ NOT FOR PROFI	Т		
GROUP CONTACT NAME:				
PHONE:	FAX:		ALTERNATE: _	
EMAIL ADDRESS:	WEBSITE:			
WHEN DID GROUP'S EXISTENCE	BEGIN?			
CRITERIA FOR MEMBERSHIP IN G	ROUP OR CRITERIA FOR	CLIENTS SERV	ED:	
AMOUNT BUDGETED FOR ATTOR	NEYS OR OTHERWISE AV	/AILABLE FOR /	ATTORNEYS:	
HOW MUCH HAVE YOU PAID FOR	LAWYERS IN THE LAST T	THREE YEARS:		
		_		
BRIEFLY DESCRIBE PURPOSE OF	GROUP:			

		-
DESCRIBE ISSUE(S) WITH WHICH YOU NEED LEGAL A	ASSISTANCE (USE ADDITIONAL PAPER IF	NECESSARY):
		-
		-
I CERTIFY THAT THE FOREGOING INFORMATION IS THAT IF ANY OF THE INFORMATION PROVIDED IS FO TERMINATION OF REPRESENTATION THROUGH	OUND TO BE UNTRUE, IT MAY BE CAUSE	FOR THE IMMEDIATE
UNDERSTAND THAT THE NEW ORLEANS PRO BONC THIS INFORMATION AND FURTHER THAT IF THE CHANGES DURING REPRESENTATION IN ANYWAY PROMPTLY NOTIFY THE PROJECT OF ANY SUCH CHA	PROJECT RESERVES THE RIGHT TO TAI GROUP'S FINANCIAL STATUS, COMPOS THAT AFFECTS ELIGIBILITY. THE GRO	KE STEPS TO VERIFY
GROUP NAME		
GROUP CONTACT NAME (CERTIFYING INDIVIDUAL)		
TITLE OF CERTIFYING INDIVIDUAL		

Please return completed form to The Pro Bono Project.

MAIL: 935 Gravier Street, Suite 1340, New Orleans, LA 70112

FAX: (504) 566-0518

EMAIL: intake@probono-no.org

If you have any questions about this form, please call (504) 581-4043.