

**REQUEST FOR LEGAL SERVICES FORM**  
COMMUNITY ECONOMIC DEVELOPMENT CLINIC  
ARTISTS



<b><i>PART I: CONTACT INFORMATION</i></b>	
Name:	
Address:	
Home Phone:	
Work Phone:	
Web Site:	
Email:	

<b><i>PART II: BACKGROUND INFORMATION</i></b>	
Describe your work (e.g., medium, focus, theme, etc.).	

<b><i>PART III: REQUESTED LEGAL SERVICES</i></b>	
Explain the reason(s) that you are seeking assistance from the CED Clinic.	
Are there any deadlines related to this request? If yes, please indicate the nature and date of any deadlines.	
How did you learn of the CED Clinic?	

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<b>PART IV: PREVIOUS LEGAL REPRESENTATION</b>	
<i>If a lawyer has worked with you in the past, please complete this section.</i>	
Name of Previous Lawyer:	
Address:	
Phone:	
Email:	
Describe the services provided.	
Explain why the previous lawyer is no longer representing you.	

<b>PART V: FINANCIAL INFORMATION</b>	
<i>The information provided in this section is confidential and will only be used to gauge the appropriateness of representation by the CED Clinic and the financial condition of the potential client.</i>	
Are you represented by an agent? If so, please list the representative.	
Please indicate your annual income.	<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,001-\$30,000 <input type="checkbox"/> \$30,001-\$60,000 <input type="checkbox"/> \$60,001-\$90,000 <input type="checkbox"/> Over \$90,000
List any other assets (e.g., real or personal property):	
Annual budget amount:	

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**By preparing and submitting this form, I certify that the information contained in this form is true. I understand that this form is a component of the CED Clinic's application process and that the CED Clinic may not be able to assign a student attorney to assist me.**

**Print Name/Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_