

REQUEST FOR LEGAL SERVICES FORM
COMMUNITY ECONOMIC DEVELOPMENT CLINIC
FOR-PROFIT ENTITIES



PART IA: BUSINESS INFORMATION	
Name of Business:	
Address:	
Phone:	
Web Site:	
Email:	

PART IB: CONTACT INFORMATION	
Contact Person:	
Title:	
Home Phone:	
Address:	
Work Phone:	
Email:	

PART II: BACKGROUND INFORMATION	
Describe the nature of the business. <i>Please include a description of products, services, customers and clients.</i>	
List business principals (i.e., board members, officers, LLC members). <i>If you do not yet have board members or LLC members, please provide a list of proposed members.</i>	

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PART III: REQUESTED LEGAL SERVICES	
Explain the reason(s) that the business is 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 the business learn of the CED Clinic?	

PART IV: PREVIOUS LEGAL REPRESENTATION	
<i>If a lawyer has worked with the business in connection with the requested legal services, 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 the business.	

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PART V: BUSINESS OPERATIONS	
<i>If the business is currently operating, please complete this section.</i>	
The business is operating as a (please check one):	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other Entity (please describe): _____	
How long has the business been operating?	
Indicate the date of incorporation/legal formation:	
Indicate the number of employees:	
Is the business party to any commercial leases?	

PART VI: FINANCIAL INFORMATION		
<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>		
Total assets (cash, property, etc.):		
Annual budget amount:		
Last year's revenue:		
Combined gross annual income of the business's owner(s):		
If the business has any loans, please complete this table (<i>Please list additional loans on a separate attachment</i>).	Loan #1: Type: <input type="checkbox"/> Personal <input type="checkbox"/> Commercial	Amount: \$ _____
	Loan #2: Type: <input type="checkbox"/> Personal <input type="checkbox"/> Commercial	Amount: \$ _____
If the owner(s) contributed any assets or money to the entity, please indicate form of ownership (e.g. stock or membership interest) and percentages of ownership interest(s):		

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Please attach copies of the following documents, if applicable:

- Business/strategic plan
- Any formation documents (e.g. certificate of incorporation)
- Bylaws
- Operating agreement
- Business's balance sheet, profit loss statement, current budget, and any other financial documents that indicate the business's financial health and demonstrate eligibility for the CED Clinic's services
- Licenses, commercial leases, and any other material contracts

If you do not have electronic copies of the above documents, you may mail them to Community Economic Development Clinic, University of Denver Sturm College of Law, 2255 E. Evans Avenue, Denver, Colorado 80208, or fax them to 303-871-6847.

DO NOT MAIL ORIGINAL DOCUMENTS.

By preparing and submitting this form on behalf of this business, I certify that I am authorized to represent this business and 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 the business.

Print Name/Title: _____

Signature: _____

Date: _____