

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



<b>PART IA: ORGANIZATION INFORMATION</b>	
Name of Organization:	
Address:	
Phone:	
Web Site:	
Email:	
<b>PART IB: CONTACT INFORMATION</b>	
Contact Person:	
Title:	
Address:	
Home Phone:	
Work Phone:	
Email:	
<b>PART II: BACKGROUND INFORMATION</b>	
Describe the community organization's mission/purpose. <i>Please include a description of the organization's constituency and the geographic region served.</i>	
List board members and officers. <i>If you do not yet have board members or officers, please provide a proposed list.</i>	

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<b>PART III: REQUESTED LEGAL SERVICES</b>	
Explain the reason(s) that the organization 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 organization learn of the CED Clinic?	

<b>PART IV: PREVIOUS LEGAL REPRESENTATION</b>	
<i>If a lawyer has worked with the organization 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 organization.	

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<b>PART V: OPERATIONS</b>	
<i>If the organization is currently operating, please complete this section.</i>	
How long has the organization been operating?	
Indicate the date of incorporation/legal formation:	
Is the organization a membership organization? <i>If yes, please indicate whether or not members pay dues.</i>	
Is the organization recognized as tax-exempt?	
Indicate the number of employees:	

<b>PART VI: 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>	
Has the community organization received any grants or donations? If yes, please describe.	
Are there any other sources of revenue? If yes, please describe.	
List any other assets (e.g., real or personal property):	
Annual budget amount:	

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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
- Tax-exempt recognition letter
- Current budget and any other financial documents that indicate the organization'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 organization, I certify that I am authorized to represent this organization 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 organization.**

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

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

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