



LegalCORPS Full Representation Application: Small Businesses

Note: If the business has multiple owners, each owner must complete a separate application.

Your name _____

Spouse/domestic partner name _____

Business name _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Business Phone _____

Web site address _____

Daytime phone _____ Evening phone _____

Have you talked with a lawyer about this matter? ___ If so, lawyer's name _____

About the business owner

Race/Ethnicity (select one or more)

Race/Ethnicity Self-Identification (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Native |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Immigrant | American/American Indian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other (please print): |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Immigrant | _____ |

Gender: Female Male Other **Birthdate:** _____ **Military veteran:** Yes No

Gross Monthly Household Income: \$ _____

Household size _____ Adults _____ Children _____

What do you rely on as your PRIMARY source of Household income? (check only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Part-time job | <input type="checkbox"/> Savings/Investment |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Disability | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other |

About the business

Business status Start-up (not operating yet) Existing

For existing businesses only:

Year established or Acquired: _____

Number of employees: **Full-time** ___ **Part-time** ___

How many of these employees are family members?



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What services or products will (or does) the business provide? _____

What type of legal assistance are you seeking for your business? Provide as much detail as you can. _____

How did you learn about LegalCORPS? _____

Please attach a copy of your business plan, if available (for start-ups)

Your application must include a check for \$50, payable to LegalCORPS. This is an administrative fee and will be refunded if LegalCORPS is unable to place your matter. Any legal services provided will be free of charge.

The information given here is correct and true to the best of my knowledge. I understand that LegalCORPS may verify financial information by reviewing documents I provide.

Signature _____ Date _____

Print name _____

**Send this form and its attachments to
LegalCORPS
1000 LaSalle Avenue SCH 317
Minneapolis, MN 55403**

***You also can fill out this form online and submit it as an e-mail attachment to
info@legalcorps.org***

LegalCORPS will use and disclose your information only to the extent necessary and appropriate. By submitting your application, you agree that we may disclose your information to others, including volunteer law firms and lawyers who will consider assisting you.

Before finally determining your eligibility for free legal services from LegalCORPS volunteers, we may ask you for further information and might ask you to submit further financial statements.

For more information, please call 612-206-0780, or e-mail us at info@legalcorps.org.

LegalCORPS does not discriminate on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance.