

# South Alabama Association Volunteer Lawyers Program CED Application for Assistance

118 North Royal St., Suite 402, Mobile, Alabama 36602

Fax: (251) 438-1982 Email: [Info@savlp.org](mailto:Info@savlp.org) Client line: (251) 438-1102 or toll free (855) 997-2857

Directions: Please print. Fill in all the blanks and submit completed application. Don't forget to include all the information and support documentation. You may return the application by mail, fax, or email.

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

Name of Organization/Group: \_\_\_\_\_

Tax ID #: \_\_-\_\_\_\_\_-\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_, AL \_\_\_\_\_ County: \_\_\_\_\_  
Zip Code

Phone: work: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_, AL \_\_\_\_\_ County: \_\_\_\_\_  
Zip Code

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Please use the space provided to answer the following questions or attach your responses on separate sheets if additional space is required.

1. History of Organization/Group: \_\_\_\_\_

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2. Organization/Group Mission: \_\_\_\_\_

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3. Brief Description of Legal Assistance requested: \_\_\_\_\_

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**4. Please Describe:**

**A. Number of people served yearly:** \_\_\_\_\_ **Service Areas:** \_\_\_\_\_

**B. What percentage of those people served are low-income:** \_\_\_\_\_

**C. Describe your organization or group's qualification for "low-income".**

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**5. Please attach the following to the completed application and signed release:**

- 1. Budget and financial information (Last two years)**
- 2. Organization/Group literature**
- 3. List of Board Members with their contact information. Please identify officers.**
- 4. Articles of Incorporation**
- 5. By-laws**

# South Alabama Volunteer Lawyers Program

## REFERRAL AUTHORIZATION & INFORMATION RELEASE

I, \_\_\_\_\_, (organization's agent) hereby authorize the South Alabama Volunteer Lawyers Program (hereinafter the VLP) to try to refer the legal problem of \_\_\_\_\_ (organization's name) to a volunteer private attorney. As soon as I am notified by mail by the VLP that such a referral has been made, I agree to contact the volunteer private attorney to arrange an appointment for an initial interview with him/her.

I understand that I do not yet have an attorney to talk to through the VLP and, further, that the VLP cannot guarantee representation in this matter. I understand that the VLP is not required to provide an attorney and can only attempt to find a volunteer attorney for me to talk to about this organization's legal problem. I understand that the volunteer attorney himself/herself will decide whether or not s/he will represent this organization/group in this matter after the initial interview.

I understand that if the volunteer attorney agrees to represent this organization, the volunteer attorney will do so without charge for his/her services. **I understand and agree that this organization is responsible for paying all fees and expenses (such as court costs and publication expenses) associated with my case.**

I give permission to the VLP to release records and information about this organization and its legal problem to volunteer attorneys to whom they are referring my case, to Legal Services Alabama, and to Legal Services Corporation to comply with monitoring requirements.

I authorize other agencies to release to the VLP any information needed in connection with this legal representation. **I also give permission to the private attorney who represents this organization through the VLP to release records and information about this case to the VLP.**

I agree to provide the lawyer with all of the information necessary to the case and to immediately tell the VLP and the lawyer of any change in this organization's case, address, telephone number, or financial status.

These legal services are limited to the matter about which I contacted the VLP. **Any new legal matters must be discussed with the VLP (438-1102).**

I have received a copy of this document.

\_\_\_\_\_  
Organization/Group Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Title

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**PLEASE KEEP THIS COPY FOR YOUR RECORDS**

\_\_\_\_\_  
Organization/Group Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Title