

Arts Legal Assistance Program Request Form

SECTION 1: General Information

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Are you an individual? \_\_\_ Yes \_\_\_ No (Yes? Skip to section 2)

Are you an organization? \_\_\_ Yes \_\_\_ No (Yes? Complete the following)

Annual operating expenses: \_\_\_\_\_ Fiscal Year end date: \_\_\_\_\_

What is the mission of your organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a lawyer on your board? \_\_\_ Yes \_\_\_ No

If yes, name and area of practice (general, employment, etc)? \_\_\_\_\_

Do you have legal counsel on retainer? \_\_\_ Yes \_\_\_ No

If yes, firm name? \_\_\_\_\_

SECTION 2: Request Information

Please select the category that best describes your legal question or situation?

(Note: Family law or personal issues are not eligible for this program. Should you need an attorney referral call 614.221-0754)

\_\_\_ Business Structure \_\_\_ Contracts/Leases \_\_\_ Copyright/Trademark issues \_\_\_ Other: \_\_\_\_\_

Summarize your question, need or situation:

SECTION 3: Additional Materials (For Organizations only)

Attach or email the following with the request form

\_\_\_ Board list with affiliations

GCAC OFFICE USE:

Date Recvd: \_\_\_\_\_ Date Frwd: \_\_\_\_\_ Assigned: \_\_\_\_\_ Declined: \_\_\_\_\_ Date Evaluation Sent: \_\_\_\_\_ Date Evaluation Recvd: \_\_\_\_\_