



**The Pro Bono Project  
Request for Non-Profit Group Client Pro Bono Services**

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GROUP IS:  FOR PROFIT  NOT FOR PROFIT

GROUP CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

WHEN DID GROUP'S EXISTENCE BEGIN? \_\_\_\_\_

CRITERIA FOR MEMBERSHIP IN GROUP OR CRITERIA FOR CLIENTS SERVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT BUDGETED FOR ATTORNEYS OR OTHERWISE AVAILABLE FOR ATTORNEYS: \_\_\_\_\_

HOW MUCH HAVE YOU PAID FOR LAWYERS IN THE LAST THREE YEARS: \_\_\_\_\_

BRIEFLY DESCRIBE PURPOSE OF GROUP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

