

MARYLAND LAWYERS FOR THE ARTS, INC.

113 WEST NORTH AVENUE

BALTIMORE, MD 21201

APPLICATION FOR LEGAL ASSISTANCE

FOR AN INDIVIDUAL OR GROUP (please circle one)

Name: _____

Contact Person for this Application: _____

Title: _____

Address: _____

Home Phone: (____) _____ Business Phone: (____) _____

Email address _____

MARITAL & FAMILY STATUS

(Each individual or group member must provide the following information. Please attach additional sheets if necessary.)

Single: _____ Married: _____ Number of Dependent Children Under 18: _____

Employer: _____ Gross Salary: _____ Take Home Per Week: _____

Spouse's Name: _____

Spouse's Employer: _____ Gross Salary: _____ Take Home Per Week: _____

Special Financial Circumstances: _____

***Each individual or group member must enclose a copy of his/her latest-filed individual, joint and/or business income tax return. If not enclosed, please explain.**

OTHER INCOME

Social Security \$ _____ Unemployment Compensation \$ _____

Workman's Compensation \$ _____ Pension \$ _____

Veterans Benefits \$ _____ In-Kind \$ _____

Rental Property \$ _____ Support, Alimony or Maintenance \$ _____

Other (Please specify): \$ _____

Do you own real estate? _____ Value: \$ _____

Automobile Make: _____ Year: _____

Other Assets: _____

Savings: \$ _____
(amount) (bank)

Checking: \$ _____
(amount) (bank)

Other (Please specify): _____

Please answer the following questions, using additional sheets where necessary:

1. Describe the nature of your art work and/or artistic activities.
2. Please explain in detail the nature of the problem for which you need legal assistance.
3. Have you consulted a lawyer concerning the above problem? If so, please provide the name and telephone number of that lawyer.
4. Are you currently represented by another lawyer? If so, please provide the name and telephone number of that lawyer.
5. How did you learn about MLA?

MLA's funding sources may ask for names of some of our clients. If it is determined that you are eligible for assistance, may we list your name? (Determination of your eligibility is in no way affected by your response to this question.)

Yes _____ No _____

I hereby affirm that the information contained in this application is correct and to the best of my knowledge, complete. I request that MLA refer me to a panel attorney. I agree to report immediately to MLA any changes in my circumstances that may affect my eligibility.

I understand that MLA makes no representation as to the skill of the referred lawyer nor as to a degree of successful representation.

I understand I will be represented by the referred lawyer or the referred lawyer's law firm and not MLA. MLA is only a legal referral organization.

Please enclose a non-refundable administrative fee of \$35 for an individual or \$100 for a group in the form of check or money order payable to Maryland Lawyers for the Arts.

Signature: _____ Date: _____