



Nourishing the Creative Spark![®]

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APPLICATION FOR LEGAL ASSISTANCE

Welcome to LCA! We are happy to help you obtain the legal assistance you need.

Instructions: Please answer the following questions and submit the form electronically or print and return the application by fax or mail:

Lawyers for the Creative Arts
213 West Institute Place, Ste. 403
Chicago, Illinois 60610
(312) 944-2195 fax

There is a nonrefundable application fee: \$50 for individuals or \$100 for groups. You may pay this amount [electronically](#) or by check, Visa, Mastercard, or Discover in our office. Please contact us to pay by phone if you prefer. Note that your file will not be complete until payment is received.

Please make sure to call to schedule an appointment. Although the information you provide on your application helps us understand your legal matters, we still need to talk to you. We will contact you once your application is received.

1. Full Legal Name of Applicant:

First

Middle

Last

2. Indicate all business names, including stage or artist names, currently used or that you intend to use. If incorporated, give the name of the corporation. If your business is a not-for-profit corporation, give the name of the corporation and indicate if it has a 501 (c) (3) tax exemption:

3. Mailing Address:

Street Apartment/Unit Number

City State Zip

County

4. Daytime Phone: _____

5. Cell or Alternate Phone: _____

6. Email That You Regularly Check: _____

7. Your website/s:

8. If you are a group, for example a band or production business, please indicate the name and address for each group member. If you have already established a corporation, LLC, or partnership, list each principal owner.

9. Briefly describe your art-related business activities:

10. Requested Legal Assistance:

- Incorporation or consultation on choosing a business structure
- Copyright, patent, or trademark protection
- Contract review, draft or negotiation
- Legal Dispute/Litigation
- Other

In the space below, please briefly explain the reason why you are requesting legal assistance:

11. If you seek free legal assistance, please indicate the current annual total gross income for everyone living in your household. If you are a group, indicate the household income for each group member. (If you are not seeking free legal service, skip this question).

Is your income limited to state or federal benefits, such as Social Security, SSI, disability, or any similar benefit program?

Yes

No

If so, what is your monthly benefit payment? _____

Describe any special circumstances such as substantial child-care, medical expenses, alimony or child support, debts, or financial obligations that you want us to consider:

12. Have you already consulted an attorney in this matter?

Yes

No

13. In the space below, provide the name of the attorney and let us know why you are not pursuing this matter with the attorney.

14. How did you hear about LCA?

15. Client Declaration:

To the best of my knowledge, all information provided in this application is accurate and true. I have read, and I understand LCA's Client Referral Policies and Procedures and agree with the terms therein.

SIGNATURE _____ DATE _____

If returning this form by email, your typed signature will indicate your agreement. If you choose to print the form to return to LCA by mail or fax, please sign.