

APPLICATION FOR LEGAL ASSISTANCE

Date: _____

Name: _____

Place of Employment: _____ Email: _____

Address: _____ City: _____ State: _____

Work Phone: _____ FAX: _____ Home Phone: _____

What is your or your organization's arts discipline?

Community Arts Council

Film/Video/Media

Theatre

Crafts

Literature

Visual/Commercial

Dance

Multi-Discipline

Visual/Fine

Ethnic/Folk

Music

Other: _____

- What is your legal problem? Please be specific. (This information helps us find the volunteer most qualified to assist you.)

- Please provide the name and company of the adverse/other party (if any). If this party's attorney has contacted you, please provide his/her name, firm and phone number.

- Have you consulted an attorney about this problem? If yes, please provide his/her name, firm and phone number.

FINANCIAL INFORMATION

Please note that your application for free legal/accounting services cannot be considered without the following information:

- FOR ORGANIZATIONS: What is your organization's budget for the current year? Please enclose your most recent financial statement. _____

Please return this form by mail, email or fax to:

CALL | 20 N. Meridian St., Suite 500 Indianapolis, Indiana 46204 / Email: info@indycall.org / Fax: 317-464-5111

● FOR INDIVIDUALS: What is your household or family adjusted gross income based on last year's federal return (line 35 on Form 1040 or line 21 on Form 1040(A)? _____

● FOR INDIVIDUALS: How many dependents are in your household? _____

● FOR INDIVIDUALS: Do you have any special financial obligations, such as:

Child Care _____

Education Expenses _____

Child Support or Alimony _____

Emergency Financial Obligations _____

Other: _____

● FOR INDIVIDUALS: Approximately, what is your income to date for the current year? _____

● How did you hear about CALL? _____

C.A.L.L. services involve a \$35 one-time, nonrefundable application processing fee. The fee is payable by check or money order and must be made out to "Creative Arts Legal League." If you have any questions, please contact C.A.L.L. by email or phone (info@indycall.org / 317-464-5313).

I agree to promptly notify CALL if I no longer need the assistance of a volunteer.
I am enclosing the \$35 nonrefundable processing fee.

Signature

Date

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