

# Mobile Bar Association Volunteer Lawyers Program

## CED Application for Assistance

Directions: **PLEASE PRINT.** Fill in the blanks or circle the answer. You may deliver to our office, mail your application back to 56 St. Francis St., Ste 312 Mobile, Alabama 36602 or FAX to (251) 438-1982.

Date: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

Tax ID #: \_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_, AL \_\_\_\_\_ County: Mobile  
Zip Code

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_, AL \_\_\_\_\_ County: Mobile  
Zip Code

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please use the space provided in answering the following questions or attach your responses on separate sheets if additional space is required.

1. History of Organization/Group: \_\_\_\_\_

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2. Organization/Group Mission: \_\_\_\_\_

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3. Brief Description of Legal Assistance requested: \_\_\_\_\_

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4. Please Describe:

A. Number of people served yearly: \_\_\_\_\_ Service Areas: \_\_\_\_\_

B. What percentage of those served are low-income: \_\_\_\_\_

C. Describe your organization or groups qualification for "low-income".

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**Please attach the following to the completed application and signed retainer:**

- 1. Budget and financial information (Last two years)**
- 2. Organization/Group literature**
- 3. List of Board Members with their contact information. Please identify officers.**
- 4. Articles of Incorporation**
- 5. By-laws**

# Mobile Bar Association Volunteer Lawyers Program

## CED RETAINER AGREEMENT

This is a contract. The Mobile Bar Association Volunteer Lawyers Program is called “VLP” in this contract. The specific services to be provided under this retainer agreement are: \_\_\_\_\_

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

You agree to have a VLP lawyer represent you and do whatever is necessary, including filing a lawsuit, in connection with this case. You are responsible for any out-of-pocket costs – for example, filing fees or other costs related to your case. The legal services provided to you are free. VLP does not promise you will win the case.

You authorize VLP to share information regarding your case with the VLP lawyer assigned to your case. If your case is referred from or to another volunteer lawyers program or legal services programs, you authorize VLP to share information about your case with that organization. You also authorize other agencies to release to VLP any information needed in connection with your legal representation.

You agree to provide the lawyer with all of the information necessary to the case and to immediately tell VLP and the lawyer of any change in your case, address, telephone number, or financial status.

These legal services are limited to the matter you contacted VLP about. **Any new legal matters must be discussed with the VLP (438-1102).**

\_\_\_\_\_  
Organization/Group Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

