



REQUEST FOR SERVICES FORM

PLEASE NOTE: SUBMITTING THIS FORM DOES NOT MAKE US YOUR ATTORNEYS

Please fax completed form to (619) 961-1382 or email to sblc@tjssl.edu

Personal Information

Date Submitted: _____

Last name		First name	M.I.
Previously used names			
Address			
City	State	Zip	
Phone	Email address		
Name of current spouse/domestic partner:			
Name(s) of previous spouse/domestic partner:			

How did you hear about the Small Business Law Center? _____

Relationship to business (check all that apply):
 Owner/Principal President/CEO Partner
 Employee Other (specify) _____

Business Information (if applicable)

Business name	
Address	
City	State Zip
Phone	Email address
Website	
Nature of business (specify primary services/products/commodities provided)	
Are you currently in business?	Month and year business started:
How many employees do you have?	Do you conduct business online?
Name of business partners:	
Do you currently have a board of directors? If so, please state each member's name:	

TJSL SBLC REQUEST FOR SERVICES FORM

PLEASE NOTE: WE DO NOT PROVIDE LITIGATION LEGAL SERVICES
PLEASE NOTE: WE DO NOT PROVIDE ANY INTERNATIONAL PATENT SERVICES

Service(s) needed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Incorporation / LLC or Partnership Formation | <input type="checkbox"/> Corporate Governance |
| <input type="checkbox"/> Permits and Licenses | <input type="checkbox"/> Business Organization and Registration |
| <input type="checkbox"/> Contracts or Licenses | <input type="checkbox"/> Commercial Leasing |
| <input type="checkbox"/> Tax-exempt / Non-profit Status | <input type="checkbox"/> Employment Issues |
| <input type="checkbox"/> Trademark | <input type="checkbox"/> Copyright |
| <input type="checkbox"/> Patent (see additional questions, below) | |
| <input type="checkbox"/> Other (please explain) _____ | |

Financial Eligibility Information

Please state your business and personal gross incomes for the prior tax year and current year-to date.
Business Income and Expense Information
Current year-to-date gross income:
Prior year ending 20____ gross income:
Currently monthly expenses:
Personal Income and Expense information
Current year-to-date gross income:
Prior year ending 20____ gross income:
Current monthly expenses:
Other Income and Expense Information
Current year-to-date gross income:
Prior year ending 20____ gross income:
Value of personal assets, <i>if any</i> (home, vehicles, bank accounts, 401(k), stocks, etc.):
Value of all personal debt, <i>if any</i> (home, vehicles, credit cards, etc.):
Value of business assets, <i>if any</i> (real estate, vehicles, bank accounts, computers, etc.):
Value of all business debt, <i>if any</i> (real estate, vehicles, credit cards, etc.):
To determine your eligibility for our services, you are required to submit the following (if applicable):
<ul style="list-style-type: none"> ▪ Most recently filed Form 1040, including all Schedules and W-2(s) / 1099(s) ▪ Two most recent paystubs and two most recent personal bank account statements ▪ Two most recent business bank account statements ▪ Year-to-date and prior year business financials (profit & loss, balance sheet) ▪ Statement/Declaration of Income and Expense

By signing, I affirm that all information provided on this form is true and correct:

Signature: _____ Date: _____

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For **Patent Service(s)** request only, please fully answer the following (use additional sheets as needed):

Please briefly summarize your idea. <u>Do not provide any confidential details.</u>
Have you described your idea to others (verbally or in writing)?
If yes, provide date(s) and explain to whom and where
Have you demonstrated or used your idea with others around?
If yes, provide date(s) and explain to whom and where
Have you offered your idea for sale (or sold it) to others?
If yes, provide date(s) and explain to whom and where