



REQUEST FOR SERVICES FORM

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

Date: _____

Personal Information

Last name	First name	M.I.
Previously used names		
Address		
City	State	Zip
Phone	Email address	

Preferred contact method: Mail Phone E-mail Cellular phone: _____

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

Business Information

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?	

PLEASE NOTE: WE DO NOT PROVIDE LITIGATION LEGAL 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 | <input type="checkbox"/> Commercial Leasing |
| <input type="checkbox"/> Tax-exempt / Non-profit Status | <input type="checkbox"/> Employment Issues |
| <input type="checkbox"/> Copyright | <input type="checkbox"/> Subsidized Property Transactions |
| <input type="checkbox"/> Trademark | |
| <input type="checkbox"/> Other (please explain) _____ | |

Income Eligibility Information

Please state your business and personal gross incomes for the prior tax year and current year-to date.

Business Income Information

Year Ending 20__ gross income:

Current year-to-date gross income:

Personal Income information

Year Ending 20 __ gross income:

Current year-to-date gross income:

Other Income Information

Year Ending 20 __ gross income:

Current year-to-date gross income:

Value of personal assets (home, vehicles, bank accounts, 401(k), stocks, etc.):

Value of business assets (real estate, vehicles, bank accounts, computers, etc.):

Please supply the following supporting documentation (where applicable):

- Statement/Declaration of Income
- W-2 or 1099 and first page of most recent tax return and current earnings statement
- Schedule C (Profit and Loss from Sole Proprietorship)
- Year-to-date and prior year business financials (profit & loss, balance sheet)

Additional information you want us to consider in determining your eligibility: _____

Please tell us how you heard about the Small Business Law Center _____

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

Signature: _____ Date: _____

FOR CLINIC USE ONLY – DO NOT WRITE BELOW THIS LINE	
Eligibility Determination: <input type="checkbox"/> Pro Bono <input type="checkbox"/> Pre-paid expenses necessary	
Law Student Assigned:	Follow-up Contact By (specify date):
Initials of Clinic Supervisor:	Date: