



Community Law & Business Clinic  
New Client Application

1. Contact Person

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ cell/home/other

2. Information about your enterprise:

Name: \_\_\_\_\_

For Profit or Nonprofit? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

3. Organization Status

A. Please check the box that best describes your enterprise:

**Start-Up** (not yet operating)

**Existing:** Year established: \_\_\_\_\_ Year acquired: \_\_\_\_\_

B. How is your business or nonprofit organized?

Sole Proprietorship  
Not Incorporated

LLC

Partnership

Corporation

C. Have you prepared a written business plan? \_\_\_\_\_

D. Do you have any partners, or are there other owners? \_\_\_\_\_ If yes, please name:

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

**4. Describe your business or nonprofit activities:**

**5. Estimated Income and Assets:**

- A. What is the average monthly gross income? \_\_\_\_\_
- B. What is the average monthly net profit? \_\_\_\_\_
- C. What is the value of your business assets? \_\_\_\_\_
- D. If a nonprofit, what is the organization's budget and how are these funds earned?

**6. Current Number of Hired Individuals:** (including owners, employees and independent contractors):

- Owner(s): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- Employee(s): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- Contractors(s): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**7. Projected Number of Individuals Expected to be Hired within the Next Year:**

- Employee(s): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- Contractor(s): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**8. Business Questions and Concerns**

- A. What type of assistance are you seeking?

B. Please explain in as much detail as possible your legal needs and attach a copy of any pertinent documents for review such as the draft for a contract or lease. Also, please include any deadline relating to your request for assistance.

C. Have any attorneys worked with your business in the past? \_\_\_\_\_ If so, please list their name and contact information.

D. Does the legal assistance you seek involve any other people, organizations, or businesses? \_\_\_\_\_ If so, please list them below to avoid conflicts of interest.

**9. Networks**

A. How did you hear about the Community Law & Business Clinic?

B. Please write any additional comments:

**10. Agreement**

The Community Law & Business Clinic strives to serve the needs of low-wealth entrepreneurs and nonprofit organizations. By signing below, I understand that I am applying for services because my business or nonprofit lacks funds to hire a private attorney and lacks access to legal services.

The Community Law & Business Clinic is an academic program within the Wake Forest University School of Law. By signing below, I understand that, if I am accepted as a client, I will be assisted by Wake Forest University students.

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

**Note:** *Please attach copies of any relevant paperwork concerning your business; i.e., business plan, most current tax return, most current business return, articles of incorporation, organizational bylaws, etc.*

**Please mail this form to:**

Wake Forest University  
Community Law & Business Clinic  
8 West Third Street, Suite 100A  
Winston-Salem, NC 27101

**Or, email to:** [smithng@wfu.edu](mailto:smithng@wfu.edu)

**EVERY EFFORT IS MADE TO RESPOND TO APPLICATIONS WITHIN 10 BUSINESS DAYS.**