SBLC REQUEST FOR SERVICES FORM

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

PERSONAL INFORMATION					
First Name	Last Name		M.I.		
Previously Used Names					
Address					
City	State	Zip			
Phone	Mobile	Home	Other		
Email Address					
Name of Current Spouse / Domestic Partner					
Name(s) of Previous Spouse(s) / Domestic Partner(s)					
PERSONAL INCOME AND EXPENSE INFORMATION					
Current Year-To-Date Gross Income	Number In Household				
Monthly Gross Income	From Wages	Other			
Prior Year 20 Gross Income	Estimate	From 20 Tax Return			
Current Monthly Expenses	I Am Currently	Employed	Not Employed		
Value of Personal Assets, if Any (Home, Vehicles, Bank Accounts, 401(K), Stocks, Etc.)					
Value of All Personal Debt, if Any (Home, Vehicles, Credit Cards, Etc.)					
OTHER PERSONAL INCOME AND EXPENSE INFORMATION (NOT FROM BUSINESS)					
Source of Other Personal Income					
Current Year-To-Date Gross Income From Other Source					
Prior Year Ending 20 Gross Income From Other Source					
Source of Other Personal Income					
Current Year-To-Date Gross Income From Other Source					
Prior Year Ending 20 Gross Income From Other Source					



Other Personal Expenses

State	Zip	
Website		
Month And Year Business Started		
Do You Conduct Business Online? Yes		No
Yes No		
Partner	Employee	
Estimate	From 20	_ Tax Return
	Month And Year Business Started Do You Conduct Business Online? Yes Partner	Month And Year Business Started Do You Conduct Business Online? Yes Yes No Partner Employee



LEGAL SERVICES NEEDED (CHECK ALL THAT APPLY)

LLUAL SERVICES NEEDED (CHECK ALL THAT APPLY)		
PLEASE NOTE THE SMALL BUSINESS LAW CENTER DOES NOT PROVIDE LITIGATION	LEGAL SERVICE OR ANY INTERNATIONAL P	ATENT OR TRADEMARK SERVICES
Incorporation / LLC or Partnership Formation	Corporate Governance	
Permits and Licenses	Business Organization and Registrati	on
Contracts or Licenses	Commercial Leasing	
Tax-exempt / Non-profit Status	Employment Issues	
Trademark	Copyright	
Patent (see additional questions, below)		
Other (please explain)		
FOR PATENT SERVICE REQUESTS ONLY, PLEASE FULLY ANSWE	R THE FOLLOWING (USE ADDITIONAL S	CHEETS AS NEEDED)
Briefly Summarize Your Idea. DO NOT PROVIDE ANY CONFIDENTIAL DETAILS.		
Have You Described Your Idea To Others Verbally Or In Writing?	Yes	No
If Yes, Provide Date(s) And Explain To Whom And Where.		
Have You Demonstrated Or Used Your Idea with Others Around?	Yes	No
	162	NO
If Yes, Provide Date(s) And Explain To Whom And Where.		
Have You offered Your Idea For Sale Or Sold It To Others?	Yes	No



If Yes, Provide Date(s) And Explain To Whom And Where.

OTHER REQUIRED DOCUMENTS

IN ORDER TO COMPLETE YOUR REQUEST FOR SERVICES AND TO DETERMINE YOUR FINANCIAL ELIGIBILITY FOR SERVICES FROM THE SBLC, YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS (IF APPLICABLE)

PERSONAL INCOME
Most recently filed Form 1040, including all Schedules, W-2 AND/OR 1099 FORMS I cannot provide this document. Reason
Two most recent paystubs I cannot provide this document. Reason
BUSINESS INCOME
Business Tax Return I cannot provide this document. Reason
Year-to-date and prior year business financials (profit & loss, balance sheet) I cannot provide this document. Reason
Statement/Declaration of Income and Expense
I cannot provide this document. Reason
How did you hear about the Small Business Law Center?
Please note submitting this form does not make us your attorneys. Also, as an educational clinic, the SBLC has different time constraints than a traditional law firm. In order to ensure quality of student work and to promote a learning environment, the waiting period between the time you submit a request for services and the time you receive a response may be longer than expected. Please understand that these timing issues also affect the speed at which services are rendered. If your matter is time sensitive in nature or you require prompt assistance, please contact another attorney. The SBLC values the quality of services we provide our clients as well as the educational experience offered to our students. By submitting the request for services and financial documents, you agree to the timing limitations addressed above.
By signing, I affirm that I have read all information on this form, and that all information that I have provided is true and correct.

PLEASE COMPLETE THIS FORM DIGITALLY AND EMAIL TO SBLC@TJSL.EDU OR FAX TO (619) 961-1382, OR DROP OFF IN PERSON TO 495 ELEVENTH AVENUE SAN DIEGO, CA 92101

Date: _____

Signature: