



(FOR INTERNAL USE) File # \_\_\_\_\_

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_

# Texas RioGrande Legal Aid

4920 N. IH-35, Austin, Texas 78751  
Telephone (512) 374-2700, FAX (512) 447-3940, TDD (512) 417-8682,  
TOLL FREE 1-800-369-9270 or 1-888-988-9996

## CLINIC INTAKE

Texas RioGrande Legal Aid (TRLA) requires the following information from its clinic attendees. All information will remain confidential. **We cannot consider your application unless you provide ALL information requested.** Completing an application does not automatically qualify your business for extended legal assistance. TRLA retains complete discretion as to which applicants it accepts. Please keep a copy of this application for your files.

**PART I. APPLICANT INFORMATION** (If business has multiple owners, please complete **PART I** for **each individual business owner**. Attach additional sheets if necessary):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you a US Citizen? If yes, please review the following statement & sign below: "I hereby certify that I am a citizen of the United States of America"**

\_\_\_\_\_  
(Signature of Applicant)

**If not a US Citizen, are you a legal permanent resident?**  Yes  No A-Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address – No P.O. Boxes Please)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Race/ Ethnicity:  White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic  Asian  
 Native American  Other \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

**Please check all that apply: Are you a ...**

- Veteran  Child of a Veteran  Spouse/Ex of a Veteran  Farm Labor Contractor
- Migrant/ Farmworker  Over 60+ years old  Physical Disabled  Mentally Disabled
- Deaf  Legally Blind  Homeless  Domestic Violence/ Crime Victim

**Total Number of Household Members (including yourself):** Adults \_\_\_\_\_ Children \_\_\_\_\_

Please list the following information for ALL household members. Attach additional sheets if necessary.

Household Member Information <i>(All persons living in the same home; including those with no relation to applicant)</i>				MONTHLY Income					
#	NAME (First, Middle, Last)	Date of Birth	Relationship to Applicant	Business Avg. Net Profit (see below **)	Employment (not from Business Avg. Net Profit)	Public Benefits <i>*Indicate type of public benefits. Ex.: SSI, TANF, Social Security, VA, etc.</i>		Other Income <b>**Please note type of other income. Example: Unemployment Benefits, Child Support, etc.</b>	
1	<b>APPLICANT</b>	<i>see above</i> →	<b>SELF</b>	\$	\$	\$	<i>type</i>	\$	<i>type</i>
2				\$	\$	\$	<i>type</i>	\$	<i>type</i>
3				\$	\$	\$	<i>type</i>	\$	<i>type</i>
4				\$	\$	\$	<i>type</i>	\$	<i>type</i>
5				\$	\$	\$	<i>type</i>	\$	<i>type</i>
6				\$	\$	\$	<i>type</i>	\$	<i>type</i>

**\*\* Business Average Net Profit** is the amount received from your business after deducting business expenses from gross sales.

List the **CURRENT amount** or **NET VALUE** of your and your household members' personal assets:

PERSONAL ASSETS	Applicant (You)	Other Household Members
Cash on Hand	\$	\$
Bank Accounts (Checking & Savings)	\$	\$
Stock/ Bonds/ CD's	\$	\$
Other Property, Real Estate, or Land (NOT your home or primary residence. <b>**Enter Net Value Only/ Equity</b> )	\$	\$
Other: _____	\$	\$

List the **MONTHLY amount** of your and your household members' liabilities/expenses:

LIABILITIES/ EXPENSES	Applicant (You)	Other Household Members
Mortgage/ Rent	\$	\$
Car Loan & Car Insurance	\$	\$
Property Taxes	\$	\$
Self Employment Taxes	\$	\$

**\*\*REMINDER**—EACH INDIVIDUAL BUSINESS OWNER MUST SUBMIT **PART I. APPLICANT INFORMATION** AND SIGN LAST PAGE OF THIS APPLICATION.

**PART II. BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address – No P.O. Boxes Please)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_ WEBSITE (if any): \_\_\_\_\_

Business Entity:       Sole Proprietorship       Partnership       Corporation  
                                   LLC       Start-Up/ Not Formed       Other: \_\_\_\_\_  
 Did you file a DBA with your county?  Yes     No

Please list the **CURRENT amount** or **NET VALUE** for any of the following business assets:

BUSINESS ASSETS	Amount
Cash on Hand & Bank Accounts (Do <b>NOT</b> include any funds from business loans)	\$
Business Real Estate ( i.e. Property, Land...etc. <b>**Enter Net Value/ or Equity</b> )	\$
Other: _____	\$

Does your business have any employees?  Yes     No      If yes, how many? \_\_\_\_ (full-time) \_\_\_\_ (part-time)  
 Do you hire independent contractors?  Yes     No      If Yes, do you use a written contract?  Yes     No

Please describe your business or business idea.

**PART III. LEGAL SERVICES REQUESTED**

In the space below, please describe the legal question(s) that brings you to the clinic. Please attach additional sheets of paper if necessary and supporting documents elated to this matter, if applicable.

**Conflict of Interest:** TRLA must assess and identify potential conflicts of interests. *Please list the names and contact information of all parties involved in this legal matter. (ex. Other party to a contract)*

**I am meeting with a volunteer attorney through TRLA to discuss my small business legal issues. I understand that the attorney’s role is limited and he/she does not represent me after today’s clinic consultation. I also understand that the time constraints of a legal clinic prevent the attorney from providing comprehensive advice at this clinic consultation. The lawyer will not use or reveal any confidential information I disclose during this consultation; but I acknowledge that the lawyer or his/her law firm may currently or in the future represent a client whose interest may be in direct conflict with mine. I agree that this consultation will not prevent the lawyer or his/her law firm from engaging in such representation.**

**I hereby certify that the information stated in this application is true and correct.**

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