

PO Box 1714 Claremont CA 91711  
909.293.8727

**NONPROFIT LEGAL SERVICES, INC.**  
A 501(c)(3) PUBLIC BENEFIT CORPORATION

thenonprofitlawfirm@gmail.com  
www.lowbonolaw.org

**APPLICATION FOR CLIENT REPRESENTATION**

Nonprofit Legal Services, Inc. is devoted to providing low cost legal services to clients in need. The purpose of this application is to determine the merit of the proposed representation by our offices of your legal claim or defense. This application should be filled out in conjunction with the Income Verification Worksheet (IVW).

Please complete each section and return to Nonprofit Legal Services either by email to thenonprofitlawfirm@gmail.com, or by regular mail to PO Box 1714 in Claremont, CA 91711, along with the IVW and related documentation.

While helpful to assess proper representation, the information provided herein is at all times voluntary.

**I. Personal Information (who has the claim or defense, or other issue?)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**II. Opposition Party (who is the claim or defense against, or other issue involving?)**

Name or Company: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**III. Primary Legal Issue**

In narrative form, please briefly describe the nature of your complaint or defense, or legal issue in general. If need be, attach separate pages. If hand-writing the information, please also print legibly: