

ALABAMA LAWYER ASSISTANCE FOUNDATION, Inc.

415 Dexter Avenue, Montgomery, AL 36104

Assistance Qualification Form

Date of Application _____

Name _____ Phone (____) _____

Address _____ City _____ ST _____ Zip _____

License Status _____ Proposed: _____ loan _____ outright gift

Treatment Proposed _____ Check Recipient _____

Cost \$ _____ per _____ Client payment \$ _____ None

Amount of Svc. (no. Or duration) _____ Total cost \$ _____
(Further assistance may be applied for, pending quality of participation and level of need)

Case Review _____

Evaluation and Recommendations: _____

_____ Client provided financial information and signed statement _____ Emergency

ALAF Board Member _____

ALAF Board Member _____

Date: Approved by review committee: _____

Executive Director of the Alabama State Bar _____

Approved in-office: _____
Jeanne Marie Leslie, ALAP Director

Date: _____