

**ALABAMA LAWYER ASSISTANCE FOUNDATION, INC.**  
**PROMISSORY NOTE**  
**415 Dexter Avenue**  
**Montgomery, AL 36104**

FOR VALUE RECEIVED, the undersigned promises to pay to the Alabama Lawyers Assistance Foundation, or holder, the principal sum of \_\_\_\_\_ (\$\_\_\_\_\_) or such lesser or greater sum that may be advanced on behalf of the undersigned by the holder with interest from the date of advancement of any funds, at the prime rate of interest established from time to time by AmSouth Bank, N.A., per annum on the unpaid balance until paid. The said principal and interest shall be payable in full on the last day of the sixth calendar month following the date hereof, at 415 Dexter Avenue, Montgomery, Alabama or at such other place as the holder may designate. At the sole option of the holder, the date of payment and terms thereof, may be extended and/or adjusted from time to time. Exercise of this option shall not constitute a waiver of the holder's right to enforce the terms of this note.

Presentment, protest and notice are hereby waived by the undersigned. The undersigned agree(s) to pay all costs of collecting or attempting to collect this note, including reasonable attorney's fees.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
PROMISSOR

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
WITNESS

RENEWAL OF PROMISSORY NOTE OR ADJUSTMENT OF TERMS OR  
ACKNOWLEDGEMENT OF ADDITIONAL ADVANCES OR COMMITMENT

FOR VALUE RECEIVED, the undersigned and the Alabama Lawyers Assistance Foundation agree to the following renewal or amendment of this Promissory Note or adjustment to the terms thereof. Check the paragraphs that apply:

\_\_\_ Extension of payment date to the \_\_\_ day of \_\_\_\_\_, 200 \_\_\_.

\_\_\_ Adjustment of payment terms to the following schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Amendment to acknowledge increase of the principal advanced hereunder to a TOTAL PRINCIPAL SUM of \$ \_\_\_\_\_.

\_\_\_ Other amendment of Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PROMISSOR

\_\_\_\_\_  
ALABAMA LAWYER ASSISTANCE FOUNDATION  
BY AN AUTHORIZED AGENT