

**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: \_\_\_\_\_