

Volunteer Lawyers for the Arts (VLA)

Individual Artist – Request for Legal Assistance

General Information

Legal Name

Professional Name (if different from above)

Home Address

City

State

Zip

Work Address

City

State

Zip

Daytime Phone

Evening Phone

Cell Phone

Fax Number

Work Email: _____ Use this account

Home Email: _____ Use this account

Do you check email daily? Y N

Do you have a registered business entity for your ARTS-RELATED income?

No, I pay taxes as an individual

Yes (Please list EIN): _____ (ex. 00-0000000)

Background Information

In what media do work? (Check all that apply)

Visual Art

Ceramics

Craft

Drawing/Painting

Fiber

Film/Video

Installation

New Media

Photography

Printmaking

Sculpture

Performing Art

Dance

Music

Spoken Word

Storytelling

Theatre

Literary Art

Creative Nonfiction

Fiction

Playwriting

Poetry

Other:

Briefly describe your work / involvement in the arts community. You may also send a resume.

Request for Assistance

To the best of your knowledge, please identify the area(s) of law in which you require assistance:

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Artist/Gallery Agreements | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Author/Agency/Publisher Relations | <input type="checkbox"/> Intellectual Property/Copyright |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Business/Partnerships | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Collections/Small Claims | <input type="checkbox"/> Landlord/Tenant Relations |
| <input type="checkbox"/> Contract Law | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Defamation | <input type="checkbox"/> Nonprofit Law/Governance |
| <input type="checkbox"/> First Amendment | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> 501(c)(3) Nonprofit Filing |
| | <input type="checkbox"/> Other: |

Briefly describe the nature of the problem or need for which you are applying for assistance. Arts Council Staff will contact you to discuss your request in more detail:

*Confidentiality Notice: Attorneys licensed in Pennsylvania take an oath to abide by the Rules of Professional Conduct. These rules require an attorney to keep consultations confidential, even if no official attorney-client relationship is formed. However, to protect yourself in matters of litigation, **please do not disclose confidential information in this application or in your initial interview with a VLA attorney until you have confirmed that the VLA attorney or firm has completed a conflict of interest check.***

Please list ALL parties involved with your legal request.

(For example: other individuals, corporations, attorneys, law firms, etc.)

_____	_____
_____	_____
_____	_____

Have you consulted a lawyer about the problem previously? Yes No

Financial Eligibility for Pro Bono Assistance

Please answer the following questions with regard to the most recent calendar year. Your figures should include income from Social Security, public assistance, unemployment and *any other* income-producing activity, whether or not generated from arts-related activity. VLA is available to individuals whose income is \$25,000/year or less; \$8,700 for each additional dependent is allowed. **Please include a copy of your most recent federal tax return. Your application cannot be processed without this information.**

Number of Dependents (excluding yourself): _____

Your Employer(s): _____

Partner's Employer(s): _____

Annual Gross Earnings (Total for you and your partner): \$ _____ Year: _____

Authorization

Greater Pittsburgh Arts Council funding sources frequently ask for documentation regarding who we have served. If it is determined that you are eligible for assistance, may we list your name? (Your answer does not affect your eligibility in any way.) yes no

How did you hear about the Greater Pittsburgh Arts Council and Volunteer Lawyers for the Arts?

Web search Attorney Email from GPAC Friend Other: _____

I certify that I meet the income guidelines specified above, and I have enclosed a copy of my most recently-completed federal tax return.

I have enclosed the \$15 Application Fee* OR **I am an Arts Council Member (fee waived)**

I hereby affirm that the information contained in this application is correct and, to the best of my knowledge, complete. This questionnaire fully and accurately describes the problem(s) for which the within named individual requires assistance. I understand that (1) Greater Pittsburgh Arts Council (GPAC)/VLA cannot guarantee that it will be able to refer our case to a business volunteer (2) GPAC/ VLA will not be responsible for the outcome of any referral it makes; (3) I am free to select/not select any business volunteer to whom my organization is referred; (4) any business volunteer to whom my organization is referred is free to accept/reject this referral; (5) GPAC/ VLA does not make any representation or guarantees about the quality of consulting service my organization will receive; (6) I will be advised by the referred consultant, and not GPAC/ VLA; and (7) I agree to promptly notify GPAC/VLA if my organization no longer requires volunteer services.

Applicant Signature (please type if submitting by email)

Date

Submit by Email: Please save this document for your records, and email it as an attachment to David Seals at dseals@pittsburghartsCouncil.org.

Submit by Mail or Fax: Mail to the Greater Pittsburgh Arts Council - BVA, 707 Penn Avenue, 2nd Floor, Pittsburgh, PA 15222-3401, or fax to 412.394.4280.

**Application fee can be paid via check to the address above, or by credit card through ProArtsTickets at www.ProArtsTickets.org or by phone at 412.394.3353.*

Questions? Contact David Seals at dseals@pittsburghartsCouncil.org or 412.391.2060 x227.