NEW YORK UNIVERSITY SCHOOL OF LAW
BUSINESS LAW TRANSACTIONS CLINIC

Request for Legal Assistance

Our Services

The Business Law Transactions Clinic of the New York University School of Law (the “Clinic”) provides free transactional legal services to non-profit organizations and certain for-profit businesses. We focus on providing practical support to assist our clients with corporate and business issues. Our students (all third year students at New York University School of Law) are selected from a pool of applicants and work under the close supervision of the Clinic’s experienced faculty on a variety of transactional matters, including:

- planning transactions, negotiating contracts, memoranda of understanding, and other operating agreements (ex: service, independent contractor, fiscal sponsorship) and preparing other project documents;
- performing targeted legal reviews and advising senior managers and boards about governance, compliance and reporting practices;
- preparing bylaws, conflict-of-interest and other board policies, committee charters, director orientation materials, board calendars, board self-assessment tools and similar documents; and
- preparing template and tool documents (ex: contracts, forms, summaries and checklists) for management use.

Our Clients

We provide transactional legal services to not-for-profit organizations, as well as to small businesses, entrepreneurs and social enterprises that may not have access to the traditional legal market and that operate in areas of concern to the public. We work primarily with existing organizations on projects governed by the law of New York State, the corporate laws of the State of Delaware and the United States.

How to Apply for Legal Assistance

We will review your completed application to determine whether your organization has a legal matter that we can address and whether your organization meets the Clinic’s eligibility requirements. We ask that you submit all of the materials supporting your application as soon as possible so that we can avoid unnecessary delay in processing your request. Following receipt of a completed application, we will invite you to an introductory meeting to discuss your organization’s application and legal needs in greater detail. If you and the Clinic agree to move forward, we will provide you with an engagement letter that specifies the scope of services to be provided and the other details of our relationship.

The Clinic primarily works with clients during New York University’s academic year (September – December and January – May). Although we review and accept applications on an ongoing basis, the Clinic aims to start new projects at the beginning of each semester. Once the Clinic has accepted your project, students or Clinic faculty will be available throughout the year.

What Does it Cost?

There will be no charge for legal services provided by the Clinic. However, your organization will be responsible for any filing fees or other expenses incurred in our representation and approved by you in advance.
Request for Legal Assistance Form Instructions

The following guidelines will assist you in completing the attached application:

1. Answer all the questions, providing as much detail as possible, and attach additional sheets if necessary to complete the questions thoroughly. The more we know about a prospective client, the easier it will be for us to review its application and assess its legal needs.

2. Enclose the documents requested on page 4.

3. Include brochures and other materials that show the mission, activities, staff, and other special features of your organization.

4. Include documents related to the current legal need (i.e. copies of contracts, personnel policies, audits), if such information is available.

5. E-mail your application to:

   Jeremy.Steckel@nyu.edu or Emily.Winston@nyu.edu

Or mail your application to:

Jeremy Steckel or Emily Winston
Business Law Transactions Clinic
New York University School of Law
Furman Hall, Room 525
245 Sullivan Street
New York, NY 10012
(212) 998-6375

If you have any questions, please contact Stephanie Abramson (stephanie.abramson@nyu.edu), Sean Delany (sean.delany@nyu.edu), Jeremy Steckel (Jeremy.Steckel@nyu.edu) or Emily Winston (Emily.Winston@nyu.edu). You can also contact the Clinic at (212) 998-6375 or (212) 992-8898.
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Request for Legal Assistance Form

1. Name of Organization ______________________________________________________________
   Address __________________________________________________________________________
   Phone Number (       ) ______________________________________________________________
   Fax Number (       ) ________________________________________________________________
   Website __________________________________________________________________________

2. Name of Primary Contact Person _____________________________________________________
   Position in/Relationship to Organization ________________________________________________
   Address (if different from above) ______________________________________________________
   ____________________  ____________________
   Work Phone (      )  Cell Phone (      )
   Email Address _______________________________________________________________
   Are there any other key contacts at your organization? If so, please include their names and positions here: _______________________________________________________________

3. Describe as specifically as possible the legal matter for which your organization seeks assistance.* If you have documents such as project proposals and budgets, legal papers, contracts, or letters relevant to your problem, include copies of them. _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

*Please note that the Clinic provides only non-litigation legal services.

4. Please list the purpose and/or mission of the organization.
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

5. Please list your organization’s activities and programs or attach written brochures or other materials containing that information.
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
6. How long has the organization existed? _____________________________________________
   Is the organization incorporated? ____YES ____NO
   Is the organization a for-profit entity? ____YES ____NO
   Is the organization a not-for-profit entity? ____YES ____NO
   If your organization is a not-for-profit entity, does it have tax-exempt status? ____YES ____NO
   If you answered “No,” is your organization fiscally sponsored by a 501(c)(3)? ____YES ____NO

7. Is your organization currently operating? ____YES ____NO
   If you answered “No,” when do you anticipate being operational? ________________________
   Please describe any steps you have taken in setting up your business or organization (ex: formed an
   entity, obtained a tax identification number, adopted by-laws or an operating agreement, filed any
   documents with the state, signed any agreements, etc.).
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

8. How many members does the organization’s board of directors have? ______________________
   How many employees does the organization have? ______________________________________

9. How many people does the organization serve each year, if applicable? ______________________
   What geographic region does the organization currently serve? ______________________________

10. What were the revenues of the organization in its most recent fiscal year? ________________
    Please list the categories and aggregate amounts of the organization’s five largest revenue categories:
    _______________________________________________________________________________
    _______________________________________________________________________________
    _______________________________________________________________________________
    _______________________________________________________________________________

11. If your organization is a for-profit entity, how is it financed? Does your organization have any
    business partners or investors in your business?
    _______________________________________________________________________________

12. Are there any affiliates of your organization involved in this matter? If so, please list them below.
    _______________________________________________________________________________

13. Does your organization have any other affiliates that are not involved in this matter? If so, please list
    them below.
    _______________________________________________________________________________
14. Please identify any other party/parties involved in this matter and explain their role.

_______________________________________________________________________________
_______________________________________________________________________________

15. If the organization has a need for ongoing legal advice, please list those issues for which it needs advice.

_______________________________________________________________________________

16. Has a lawyer worked with the organization on a prior matter other than the problem described in question 3 above?
   ___ YES   ___ NO
   If so, what is that lawyer's name and affiliation? ________________________________
   What work has been done?
   _______________________________________________________________________
   Is that lawyer still representing the organization in this matter?
   ___ YES   ___ NO
   If your answer was “No,” why is she/he no longer representing the organization?
   _______________________________________________________________________

17. Has a lawyer worked with the organization on the matter described in question 3 above?
   ___ YES   ___ NO
   If so, what is that lawyer's name and affiliation? ________________________________
   What work has been done?
   _______________________________________________________________________
   Why is she/he no longer representing the organization in this matter?
   _______________________________________________________________________

18. What is the timing of your project? Please list any key deadlines.
   _______________________________________________________________________

19. How did you hear about the Clinic’s legal services?
   Name of referring source: ____________________________________________________
NOTE: Please be sure that you have included all of the following. We will process your application when we receive all of the required information:

___ Program outline, brochures and/or other descriptive materials
___ Certificate of incorporation and amendments
___ By-Laws
___ IRS filing for the most recent fiscal year
___ IRS Confirmation of tax exempt status (i.e., determination letter), if applicable
___ List of officers and directors, and senior staff members
___ Annual report or income/expense statement for the most recent fiscal year.

For each affiliate that is involved in your current legal need, please provide:
___ Certificate of incorporation and amendments
___ By-Laws
___ IRS filing for the most recent fiscal year
___ IRS Confirmation of tax-exempt status (i.e., determination letter), if applicable
___ Lists of officers and directors, and senior staff members

We look forward to hearing from your organization and hope that we can be of assistance.

Signature  __________________________________________________________
Print Name  __________________________________________________________
Title  _______________________   Date   ____________________________