

FRIENDS TO THE INDIGENT-REQUEST FOR FUNDS

The purpose of the application for assistance is to provide enough information to support the request for financial assistance. The goal is to assist those who provide representation to the indigent accused who demonstrates a true desire to continue in taking appointments or providing pro bono representation. The funds available are limited but there is no limit the amount of the request.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Years of Practice: \_\_\_\_\_

Number of Years taking appointments: \_\_\_\_\_

Total Cost of Program: \_\_\_\_\_ Amount sought: \_\_\_\_\_

Name of Program or CLE: \_\_\_\_\_

Organization Hosting: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Program: \_\_\_\_\_

Why do you want to attend: \_\_\_\_\_

\_\_\_\_\_

How will this help you improve your representation: \_\_\_\_\_

\_\_\_\_\_

How can you share what you learn with other lawyers?: \_\_\_\_\_

\_\_\_\_\_

Anything else you believe should be known about your request: \_\_\_\_\_

\_\_\_\_\_

Please include a link to the program or include a brochure or flyer of the program.

Please mail to: Friends To The Indigent, C/O Bill Gallagher 114 East 8th St., Cincinnati, Ohio 45202

(513) 651-5666, wr35@aol.com