

# Legal Services/Public Interest Application Form



P.O. Box 186  
Harrisburg, Pa 17108-0186  
1-800-932-4637

Name of Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. Is your organization**

PA nonprofit corporation

Other (e.g. PA foundation, NJ nonprofit): \_\_\_\_\_

**2. Is your organization recognized by the IRS as a**

501(c)(3)

501(c)(6)

Other: \_\_\_\_\_

**3. Do attorneys for the organization provide legal services**

at no or de minimus cost                      Yes                      No

to individual members of the public                      Yes                      No

**4. If the answers to question 3 are both "yes", approximately what percentage of the time of full-time attorneys for the organization is spent on such activity? \_\_\_\_\_ %**

**5. If individual attorneys for the organization do other types of work (e.g. lobbying, management), please describe the types and amount of such activities \_\_\_\_\_**

**6. Please list the attorneys employed full-time by the organization (add additional sheets if necessary)**

Name	PA attorney #
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to PBI Customer Experience at [Info@pbi.org](mailto:Info@pbi.org)