## Application for Approval of Nonprofit Provider, Program, or Clinic Supreme Court Rule 1404

Provider, Program, or Clinic Information	
Provider, Program, or Clinic Name:	
Contact Name and Title:	
Street Address:	
Mailing Address:	
Phone Number:	
Email:	

If there is insufficient room to answer the questions below, please attach a separate sheet with supplemental information, numbering the supplemental information so that it corresponds with the appropriate question.

- 1. Describe the primary mission of the provider or clinic.
- 2. Describe the fee structure of the provider or clinic.
- 3. Describe the source(s) of funding for the prior fiscal year for the provider or clinic. Include detail regarding the percentage of total funds from each source.
- 4. Describe the criteria used to determine a potential client's eligibility for pro bono or low-cost legal services.
- 5. Generally describe the type of pro bono or low-cost legal services to be provided.

- 6. The undersigned certifies that:
  - a. An active Kansas licensed attorney will supervise and be responsible for the acts of any attorney providing pro bono or low-cost legal services under Supreme Court Rule 1404;
  - b. the provider or clinic has professional liability insurance that covers any attorney providing pro bono or low-cost direct legal services; and
  - c. that any low-income Kansas resident or nonprofit entity who receives pro bono or lowcost legal services under Supreme Court Rule 1404 will receive those services free of charge or at a low cost; and
- 7. The undersigned further certifies that the information contained in and, if applicable, attached to this application is true and correct.

Signature

Name (Printed)

Title

Date