



Date: _____

Name of organization: _____

Primary Contact: _____

Address: _____

E-mail: _____

Phone number(s): _____

Description of organization: _____

Are you a registered non-profit corporation? Yes No Other: _____

List Directors: _____

Are you a registered charity? Yes No CRA No.: _____

Do you have legal counsel? Yes No Name: _____

Are you able to afford legal counsel? Yes No

Please explain and attach available financial statements to this Application Form:

Please provide a concise description of your primary need for legal services:

Please identify any additional areas where you may require legal assistance:

Are there any known deadlines or significant dates: _____

Have you reviewed a copy of the Solicitor Program Information Sheet? Yes No

For the purpose of applying for pro bono assistance through Pro Bono Law Saskatchewan, an authorized representative consents to the release of the information as stated on this Referral Form.

Title of Authorized Representative: _____

Signature of Authorized Representative: _____