

WILL COUNTY BAR ASSOCIATION

COVID-19 Lawyers Assistance Program Application

A. Attorney Information

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

B. Attorney Status

1. I have been a member of the WCBA for at least two years. YES NO
2. I am current with my dues for the WCBA. YES NO
3. I am an attorney licensed in Illinois with the ARDC. YES NO
4. I am in good standing with the ARDC. YES NO

C. Questionnaire

1. Describe the nature of your practice including the number of attorneys and staff on your payroll.
(i.e. solo practitioner, etc.) _____

2. Have you had to furlough any employees? YES NO

3. Do you rent or own office space? YES NO

4. What is your pay cycle? _____

5. What is the amount of your average payroll? _____

6. Do you include yourself on payroll? YES NO

7. Do you have accounts receivable? YES NO

- a. If so, what is your next month's accounts receivable?

8. What type of law does your practice focus on? _____
9. What type of law is the primary bulk of your caseload? _____
10. What type of cases bring you the most income? _____
11. In a given year, how many cases does your firm obtain? _____
12. How many open cases do you have currently? _____
13. Of your current clients, how many of them are past due on their payments? _____
14. Other than payroll, what is your biggest expense? _____
15. Have you applied for any pandemic-related business loan, such as PPP? YES NO
16. Did you qualify for any loan? YES NO
17. How much did qualify for? _____
18. Have you received the proceeds? YES NO

D. Statement

1. Please describe your biggest struggle with your business since the pandemic started.
(Provide Separate Attachment if Needed)

E. Certification

The undersigned applicant hereby affirms the validity of the matters asserted on this application.

Signature_____

Date_____

Completed Application requesting grant should be sent to:

Will County Bar Association
167 N. Ottawa St., Suite 101
Joliet, IL 60432

OR

Emailed to:

wcbadmin@willcountybar.org

Grants will be funded on a rolling basis and applications are welcome at any time for the duration of the program.

If you have any questions, please contact the WCBA at 815-726-0383.

FOR OFFICE USE ONLY:

Received_____ Presented_____ Approved_____ Denied_____ Notified_____