



# Lawyers Alliance for New York

Connecting lawyers, nonprofits, and communities

CLIENT / MATTER / #: \_\_\_\_\_

**1. Was the case handled to your satisfaction?**

- Yes
- No

Why or why not? \_\_\_\_\_

**2. If a volunteer attorney from a law firm or corporation assisted in the matter, did that service meet with your expectations?**

- Yes
- No
- I did not work with a volunteer attorney on this matter.

**3. If a staff attorney from Lawyers Alliance assisted in the matter, did the quality of that service meet your expectations?**

- Yes
- No
- I did not work with a staff attorney on this matter.

**4. What was the impact of Lawyers Alliance assistance? Lawyers Alliance staff and/or volunteer attorneys(s) helped our organization to (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Form an entity             | <input type="checkbox"/> Connect us to other professional resources |
| <input type="checkbox"/> Acquire/lease property     | <input type="checkbox"/> Improve board governance                   |
| <input type="checkbox"/> Expand programs/services   | <input type="checkbox"/> Improve human resources management         |
| <input type="checkbox"/> Save money on legal costs  | <input type="checkbox"/> Improve services to clients and community  |
| <input type="checkbox"/> Secure project financing   | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Secure money in other ways |   |

**5. What are your current program areas? (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Capital and Credit | <input type="checkbox"/> Homelessness                      |
| <input type="checkbox"/> Affordable Housing           | <input type="checkbox"/> Jobs Training and Placement       |
| <input type="checkbox"/> AIDS/HIV                     | <input type="checkbox"/> Public Schools                    |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Services to Immigrant Communities |
| <input type="checkbox"/> Economic Development         | <input type="checkbox"/> Technical Assistance              |
| <input type="checkbox"/> Elder Services               | <input type="checkbox"/> Youth Services                    |
| <input type="checkbox"/> Health                       | <input type="checkbox"/> Other: _____                      |

**6. What legal needs do you anticipate for your organization in the next 6-12 months? (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Affordable Housing Development | <input type="checkbox"/> Merger or Strategic Alliance    |
| <input type="checkbox"/> By-Laws/Governance             | <input type="checkbox"/> Nonprofit Business Venture      |
| <input type="checkbox"/> Contract review/negotiation    | <input type="checkbox"/> Personnel or Volunteer Policies |
| <input type="checkbox"/> Employment Law Counseling      | <input type="checkbox"/> Property Acquisition            |
| <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Real Estate Leasing             |
| <input type="checkbox"/> Loan Documents Review          | <input type="checkbox"/> Other: _____                    |

**7. Would you like a Lawyers Alliance staff attorney to contact you regarding the legal needs identified in Question 6?**

- Yes. When would be a convenient time? \_\_\_\_\_  
Please give contact name and number: \_\_\_\_\_
- No. Why not? \_\_\_\_\_