

DUPAGE BAR FOUNDATION – FUND APPLICATION

The DuPage County Bar Foundation (the "DBF") may, in its sole discretion, offer economic aid to lawyers who because of age, illness or other circumstances find themselves in financial hardship. The DuPage Bar Foundation may, in its sole discretion, support individuals (1) who are admitted to practice law in Illinois by the ARDC and primarily practiced law in Illinois, (2) are active members of the DuPage County Bar Association, and (3) are seeking aid for reasons other than unemployment as an attorney. Applicants must demonstrate sufficient need to justify support. The DBF generally will not consider funding attorneys who have had their law license involuntarily suspended or revoked by the ARDC. If you have any questions about whether you might qualify, please contact the DBF in advance of filing this application.

Once your application has been received, the Board of the DBF will meet to review your application. Please note, due to the Board's meeting schedule, this process may take up to two (2) months. The application must be completed in its entirety. Please be assured that the information you provide is confidential.

If you have any questions regarding this application or the approval process, please contact Cindy Allston at 630.653.7779 or CAllston@dcba.org

Please submit this application to:

DuPage Bar Foundation
126 South County Farm Road
Wheaton, IL 60187-4597
or by email to: CAllston@dcba.org

I. Applicant (Please note if you are filling out this application on another's behalf)

Name _____

Name of individual completing application if other than applicant _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail address _____

Dated of Birth _____ Age at Application _____

Name of Individual Completing Application (if differing than applicant): _____

Emergency Contact _____ Phone _____

Legal Guardian/Caretaker (if applicable) _____

Legal Guardian/Caretaker Phone/Email _____

II. Attorney Status

- I am an attorney licensed in Illinois with the ARDC. Year of admission _____
- I was an attorney licensed in Illinois with the ARDC. Years licensed _____
- I have been sanctioned by the Illinois Supreme Court. Year(s) sanctioned _____
If applicable, describe the sanction(s) _____

(Attach the Supreme Court Orders)

- I am a current member of the DuPage County Bar Association.
- I was a member of the DuPage County Bar Association. Last year of membership _____
If applicable, describe your bar activities _____

III. Employment Status

- I am currently employed
Current Employer _____
- I am currently unemployed
Previous Employer _____
- I am unable to work due to health reasons

Current or Former Employer Information:

Address _____

City _____ State _____ Zip _____

Phone _____ Immediate Supervisor _____

Address _____

City _____ State _____ Zip _____

Phone _____ Immediate Supervisor _____

IV. Marital Status & Dependence

- Single, never married Divorced Widowed
- Currently married
Spouse's Name _____

Please list the name, relationship, and ages of any dependents

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

V. Public Assistance

- I have not yet applied for public assistance
- I have applied for public assistance from the following government agencies:

- (1) _____
- (2) _____
- (3) _____

- I have applied for assistance from the following private agencies or foundations:

- (1) _____
- (2) _____
- (3) _____

VI General Health Status

Please describe your general health status (please use an additional page if need be)

VII. Treating Physicians

Please list the name and address of any treating physicians

Name _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

VIII. Request

I am requesting aid in the amount of \$_____

Reason for request (please use an additional page if need be)

IX. Additional Information

Please provide any pertinent information bearing on the needs of the applicant (please use an additional page if need be)

X. Certification

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

Signature _____ Date _____

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