

JUSTICE MACK KIDD FUND

Under the Umbrella of the Austin Bar Foundation
in cooperation with the Austin Bar Association and Texas Lawyers' Assistance Program of the State Bar of Texas
c/o Texas Lawyers Assistance Program
State Bar of Texas
P.O.Box 12487
Austin, Texas 78711-2487
Telephone: (512) 427-1453 /Facsimile: 427-4127

Grant Application Instructions

1. Please print legibly or type. Use additional pages if necessary to fully answer any question.
2. Submit the application to the Texas Lawyers' Assistance Program (TLAP), but grant approval will not be given until TLAP verification is provided to the Trustees
3. Fully complete the Grant Application Form including the exact amount requested and account numbers for all providers to whom you are requesting that grant assistance be paid. [No identifying information will be provided to the ABA staff or Mack Kidd Trustees or Austin Bar Foundation Board members.]

Client No. _____

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Grant Application Form

Name: _____ Age: _____ Sex: _____

State Bar No. _____

Home address: _____

City: _____ County: _____ Zip: _____

Home phone: _____

Work Address: _____

City: _____ County: _____ Zip: _____

Work phone: _____

Marital status (circle one): Single Married Separated

 Cohabiting partner Divorced Widowed

Spouse/cohabiting partner: Name: _____

 Employer: _____

 Work phone: _____

Number of dependents: _____ Ages(s) of dependants: _____

State Bar license status: _____

Current employment: _____

Last legal employment if not current: _____

Are you a member of the Austin Bar Association? Yes: _____ No: _____

THE INFORMATION ON THIS PAGE WILL BE KEPT CONFIDENTIAL BY TLAP and WILL NOT BE SHARED WITH THE AUSTIN BAR ASSOCIATION STAFF, MACK KIDD FUND TRUSTEES OR THE AUSTIN BAR FOUNDATION BOARD OF DIRECTORS.

Client No. _____

Do salary/benefits continue during treatment? _____

Number of times in treatment (including this one) _____

Have you ever been assisted by the Kidd Fund? _____

If so, when? _____

Why are you requesting financial assistance? _____

Total amount of grant request (if known): _____

Purpose (circle all which apply): Inpatient Outpatient Medication
 Living expenses Childcare
 Other: _____

Information on provider(s) to which grant monies are to be paid

(Please use additional pages for multiple providers):

Name: _____ To the attention of : _____

Address: _____

Account number: _____

Total amount due this provider: _____

Office use only

Client No. _____

TLAP please initial below:

Treatment plan approved: _____

Financial need verified: _____

**Kidd Fund Trustees
Please Initial**

Date reviewed: _____

Approved by: _____

Denied by: _____

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GRANT REPAYMENT

To the Applicant for Assistance from the Kidd Fund:

The purpose of this organization is to provide assistance to attorneys impaired by depression and/or similar mental conditions who need help paying for the treatment of these conditions, and/or to help these impaired attorneys in other ways that will facilitate recovery from their illnesses.

The Kidd Fund is a private non-profit organization funded by contributions and by repayments from those who have received assistance.

The Kidd Fund's ability to continue helping people receive treatment or other necessary assistance is dependent in large part of those who have been helped by the Fund and who wish to show their gratitude by contributing back to the Fund an amount equal to what they have received. By doing so, Fund beneficiaries play a major role in assisting others with similar problems.

To the Kidd Fund From The Applicant For Assistance:

It is my understanding that is my request for assistance from the Kidd Fund is approved that I am expected to contribute an amount equal to what is expended on my behalf back into the Kidd Fund so that others will be able to receive help in the future.

I further understand that my commitment to contribute is a moral commitment on my part and not a legal obligation.

I am aware of the fact that the Kidd Fund is willing to accept whatever I can afford to contribute, and I will make every effort to do so at the earliest possible date.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____