

## ***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.

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**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:** \_\_\_\_\_