

## **COVERED PERSON PRO BONO PROGRAM APPLICATION**

I \_\_\_\_\_, acknowledge and understand that completing this application does not make me a client of any volunteer attorney offering pro bono services under the Covered Person Pro Bono Program nor does it create an attorney-client relationship. I acknowledge and understand that this is a referral program established to match eligible Covered Persons charged with a violation under the Horseracing Integrity and Safety Authority's Anti-Doping and Medication Control Program with volunteer attorneys. I understand that submitting this application has no impact on my pending case, and all case deadlines and dates remain in place and are not extended by the filing of this application.

Name: \_\_\_\_\_

HISA ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Household adjusted gross income for the most recent tax year (line 11 on IRS Form 1040): \_\_\_\_\_

I have the following liquid assets (Liquid assets include funds that are in the form of cash or can be quickly converted to cash, and investments capable of being quickly converted to cash without significant loss. Liquid assets do not include your residence or retirement account(s)).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIWU Case Number: \_\_\_\_\_

Type of Matter (circle one): Equine Controlled Medication Violation, Equine Anti-Doping Rule Violation, or both.

Date of Receipt of Notice of Alleged Violation: \_\_\_\_\_

By signing and submitting this application, I am affirming that all of the information provided is true and complete to the best of my knowledge and I acknowledge that I may be asked to provide additional information and documentation verifying the information stated herein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COVERED PERSON

**This application, along with a copy of your most recent IRS Form 1040 (with social security number(s) redacted), should be submitted to Jim.Gates@Hisaus.org.** The information provided on this form and the IRS Form 1040 will only be used to determine whether the Covered Person is eligible for pro bono services under this program. The documents will be destroyed at the conclusion of the eligibility determination.