



**St. Vincent De Paul Legal Program, Inc.
Securities Arbitration Clinic**

Faculty Supervisor and Director

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Client Eligibility Questionnaire

Your Name: _____

Address: _____

Daytime telephone: _____

Evening telephone: _____

E-mail address: _____

1. Give a brief description of your dispute with your broker-dealer. You may, but need not, attach copies of any broker-dealer records that you have. (You will need these records to pursue your claim, so it is a good idea to gather them now.) If you have attempted to contact the broker or the firm to resolve this dispute, please provide information about this.

(If necessary, attach additional sheets with your name at the top of each attached page.)

2. What is the amount of money that you are seeking from the broker-dealer?

3. What is your household's annual income? (If you are invited to interview at the clinic, you will be asked to provide copies of your federal tax returns for the past two years.)

4. Do you have any major assets other than your residence and a car? If so, please describe them.

5. Please set forth the names, addresses, and telephone numbers of three attorneys whom you have consulted about this claim and who have declined to represent you, because of the amount involved or nature of the claim, or of any referral service that you consulted.

a. _____

b. _____

c. _____

6. Are you 65 or older? Yes _____ No _____

7. Where did you live when you opened your brokerage account? _____

7(a). Are you a New York State resident? _____

Please mail the completed Questionnaire to:

St. John's University School of Law
St. Vincent de Paul Legal Program, Inc.
8000 Utopia Parkway
Belson Hall Room 2-26
Queens, New York 11439