



## Federal Legal Appeal Project Application

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Please complete this application and submit via mail (with all pertinent documents and paperwork) to:

Autism Speaks  
Attn: Nora Marcus  
2 Park Avenue  
11<sup>th</sup> Floor  
New York, NY 10016

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1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. City, State, zip code: \_\_\_\_\_
4. Primary phone number: \_\_\_\_\_
5. Cell phone number: \_\_\_\_\_
6. Fax number: \_\_\_\_\_
7. E-mail address: \_\_\_\_\_
8. Please provide names and contact information of any attorney who was involved with your matter up to the federal level. Include addresses and phone numbers, please.

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9. Please provide the name and contact information of any attorney who represented the school district.

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10. If known, provide the current status of any appeal filings or other appeal efforts. Additionally, please provide copies of any such filings.

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11. Please provide your adjusted gross income, as reflected in your most recent federal tax filing. Any information provided by you will be kept entirely confidential within the attorney-client privilege. \_\_\_\_\_

12. Please list any enclosures accompanying this application:

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