



30 Bank Street  
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**FORM D**  
**LIAISON, COMMITTEE OR LOCAL UNIT**  
**CBA/YLS ADVANCE REQUEST REPORT FORM**  
(use only when advance has been requested, not for reimbursement)

*Submit within fourteen (14) days of event*

**ORIGINAL TO:**

Atty. Jonathan S. Weiner, CBA/YLS Treasurer  
Connecticut Supreme Court  
231 Capitol Ave  
Hartford, CT 06106

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

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

Position in CBA/YLS: \_\_\_\_\_

Title of project: \_\_\_\_\_

1. TYPE OF PROJECT

- a. Please check appropriate type:  Service to the public  Service to the Bar
- b. If you have included an exhibit to this project, please check appropriate item. Please check all that apply.  Videotape/DVD  Audiotape  Publication  Other (please specify):
- \_\_\_\_\_

2. PROJECT DESCRIPTION

Please attach a brief description (200 words or less) of your project. (Be sure to include a description of the role(s) played by the young lawyer volunteers in the undertaking of this project; e.g., seminar coordinator, seminar speaker, volunteer trainer, publication editor or writer, legal representation.

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3. **ACHIEVEMENT OF GOALS/IMPACT**

- a. What is the reason for undertaking this project? Include in your discussion whether the project is internally or externally motivated. What are the goals/objectives of this project? Be sure to discuss the perceived need that the project is serving, the method(s) used to determine the need, and who makes up the target audience.

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**ACTIVITY/REASON FOR REIMBURSEMENT OR ADVANCE REQUEST:**

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**DATE OF ACTIVITY:** \_\_\_\_\_

**DESTINATION OF FUNDS REQUESTED: (check applicable item(s))**

\_\_\_\_ Reimbursement for out of pocket payment by \_\_\_\_\_

\_\_\_\_ Direct payment to provider for: \_\_\_\_ advance deposit \_\_\_\_ completed event

\_\_\_\_ Other (please explain): \_\_\_\_\_

**WILL ACTIVITY GENERATE REVENUE? [ ] YES [ ] NO**

**ESTIMATED AMOUNT?** \_\_\_\_\_

**AMOUNT OF ADVANCE/REIMBURSEMENT REQUESTED: \$** \_\_\_\_\_

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**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAIL CHECK TO:** \_\_\_\_\_

**SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**For office use only:**

**APPROVED/DISAPPROVED ON:** \_\_\_\_\_

**AMOUNT APPROVED: \$** \_\_\_\_\_

**BUDGET LINE:** \_\_\_\_\_

**YLS REQUEST NO.** \_\_\_\_\_

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

**Treasurer, CBA/YLS**