Sheeran-Crowley Memorial Trust

c/o Ann Foster, Cameron Vann or Bree Buchanan
State Bar of Texas
P.O. Box 12487
Austin, Texas 78711-2487
Telephone: (512) 427-1453 / Facsimile: (512) 427-4127

OVERVIEW OF THE GRANT APPLICATION PROCESS

Application forms are available from the Texas Lawyers' Assistance Program (TLAP) or the Texas Judges' Assistance Program (TJAP) or directly from the Sheeran-Crowley Memorial Trust (Sheeran-Crowley Trust).

All applicants must be receiving case management services from the TLAP or TJAP staff.

Applications will be verified for treatment efficacy and financial need by the TLAP/TJAP staff and forwarded to the Trust office.

Applications will be reviewed by at least two trustees. Three trustees must review all requests over one thousand dollars ($1000.00).

Applications will not be accepted from recipients who have already received a grant and have not initiated good faith efforts to repay the original grant.

Grants are never paid directly to the applicant.

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GRANT POLICIES AND PROCEDURES

A. General Guidelines

Sheeran-Crowley Trust funds are made available for the benefit of Texas attorneys and their families to assist attorneys impaired by substance dependence or other mental disorders in paying for the treatment of their disorder or otherwise achieving their recovery from their disorder.

Sheeran-Crowley Trust funds are made available only when other resources are not available.

Actual benefits are determined on a case-by-case basis. Maximum grants to any attorney, and/or their family, are as follows:

1. $1,000 for outpatient counseling and medication, provided that the Trustees may authorize and pay an additional $1,000 should the attorney applicant demonstrate need for such additional funds;
2. $3,000 for intensive outpatient treatment and medication; and,
3. $5,000 for inpatient treatment.

Recipients are asked to make a moral commitment to repay the grant, so other attorneys who suffer can be helped.

B. Qualifications for Grant

1. Requirements – To be eligible to receive funds, an attorney must:

   - be a Texas resident;
   - be a law school graduate; and
   - have applied for a Texas law license or already have a license the status of which is either active, suspended, or revoked

   * Immediate family members of applicant (spouse or partner, and minor children living in applicant's home) are eligible to apply on behalf the impaired attorney.

2. Types of assistance:

- Inpatient or outpatient treatment of substance dependence or other mental disorders

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GRANT APPLICATION INSTRUCTIONS

1. Please print legibly or type. Use additional pages if necessary to fully answer any question.

2. Please provide your name, address, exact amount requested from the Sheeran-Crowley Trust, and appropriate information about each provider to whom you are requesting that grant assistance be paid.

3. Submit the application to the Texas Lawyers' Assistance Program (TLAP) or the Texas Judges' Assistance Program (TJAP.) You may also submit a copy directly to the Sheeran-Crowley Trust, but grant approval will not be given until TLAP/TJAP verification is provided to the trustees.

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GRANT APPLICATION FORM – FIRST PAGE
SHEERAN CROWLEY CASE NO: _____

Name: _____ Age: _____ Sex: _____

Family members for whom assistance is sought:

Name: _____Age: ___ Sex: ____ Relationship:_____

Name: _____Age: ___ Sex: ____ Relationship:_____

Home address: _____

City: _____County: _____ Zip: _____

Home phone: _____Work phone: _____

SHEERAN CROWLEY CASE NO: _____

Marital status (circle one): Single Married Separated
Cohabiting partner Divorced Widowed

Spouse/cohabiting partner: Employer: _____

Providing Health/Mental Health Insurance? _____

Work phone: _____

Number of dependants: _____ Age(s) of dependants: _____

State Bar license status: _____

Current employment: _____

Last legal employment if not current: _____

Do salary/benefits continue during treatment? _____

Number of times in treatment (including this one) _____

Have you ever been assisted by the Sheeran-Crowley Trust (formerly known as the Sheeran Trust)?
_____

If so, when? _____

Why do you need mental health and/or substance abuse services? Why do you need help paying for those services?

_____

_____

_____

_____

Total amount of grant request (if known): _____

Purpose (circle all which apply): Inpatient Outpatient Medication

Other: _____

<u>Information about providers to which grant monies are to be paid</u>
(Please use additional pages for multiple providers):

Name: _____ To the attention of: _____

Address: _____

Account number: _____

Total amount due this provider:
_____

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Office use only

TLAP/TJAP please initial:

Treatment plan approved: _____ Financial need verified: _____

Sheeran-Crowley trustees:

Date reviewed: _____ Approved by: _____

Reason for denial: _____

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GRANT REPAYMENT

TO THE APPLICANT FOR ASSISTANCE FROM THE SHEERAN-CROWLEY TRUST:

The purpose of this organization is to provide assistance to attorneys impaired by substance dependence and/or other mental disorders who need help paying for the treatment of these disorders, and/or to help these impaired attorneys in other ways that will facilitate recovery from their illnesses.

The Sheeran-Crowley Trust is a private non-profit organization funded by contributions from attorneys and by repayments from those who have received assistance.

The Sheeran-Crowley Trust'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 Trust and who wish to show their gratitude by contributing back to the Trust an amount equal to what they have received. By doing so, Trust beneficiaries play a major role in assisting others with similar problems.

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TO THE SHEERAN-CROWLEY TRUST FROM THE APPLICANT FOR ASSISTANCE:

It is my understanding that if my request for assistance from the Sheeran-Crowley Trust is approved that I am expected to contribute an amount equal to what is expended on my behalf back into the Trust 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 Sheeran-Crowley Trust 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: _____