





# Louisiana State Bar Association

## LIFT Disability and Elder Law Project

### Application

Legal Innovators for Tomorrow (LIFT) is a legal incubator program designed to support new lawyers build viable and sustainable public interest-focused law firms that serve unmet civil legal needs. Through a collaborative partnership with Disability Rights Louisiana (DRLA), participating attorneys in this project will provide civil legal services to Louisiana residents with disabilities and the elderly.

This incubator program is for new or transitioning attorneys starting their own solo law firm. During the 12-month program, incubator attorneys receive *free access to case management software* and *legal research engines, training, mentorship*, and *court shadowing opportunities* as they work alongside experienced DRLA legal practitioners. In exchange for the training and incubation of their practice, attorneys agree to provide representation to clients referred to them by DRLA. The types of cases may include interdiction defense, power of attorney, supported decision making, healthcare proxy, special needs trusts, Medicare and Medicaid appeals, special education, vocation rehabilitation, and disability-related employment matters.

Louisiana licensed attorneys with 0-7 years practice experience who plan to develop or have begun to develop a solo or small law practice and are committed to providing legal representation to people with disabilities and the elderly are encouraged to apply. Please send your completed applications in **one PDF file** to Emily Belanger at [emily.belanger@lsba.org](mailto:emily.belanger@lsba.org). Application deadline is **June 19, 2026**.

#### Applicant Information

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

Home Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Law School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date of Admission to the Louisiana Bar: \_\_\_\_\_ Bar No.: \_\_\_\_\_

Other bar admissions and dates (if any): \_\_\_\_\_

Years of Practice Experience (if any): \_\_\_\_\_

Date you are available to begin your practice: \_\_\_\_\_

List any history of improper conduct or reported incidents to the bar: \_\_\_\_\_

\_\_\_\_\_

**The following documents must be included:**

1. A statement of no more than 1000 words indicating why you want to be a solo or small-firm practitioner, why you should be selected to participate in this LIFT Incubator Program, and how you expect to serve people with disabilities and the elderly. Also, include an instance(s) when you have demonstrated entrepreneurial initiative or proved your ability to be a successful entrepreneur.
2. A current Resume
3. Business Plan no more than 3 letter-sized pages that includes<sup>1</sup>:
  - a. Area(s) of your proposed practice focus (e.g., family law, consumer law, criminal defense, small business organizations, etc.), your preparation for the area(s) of practice, and how you will handle potential competition in the practice area(s).
  - b. Business Summary including mission, objectives, and strategy for building a solo or small law practice.
  - c. Operations Summary describing operating procedures, staffing and other resources required to carry out your practice.
  - d. Marketing Initiatives you will employ during the first 12 months including plans for client development and any existing relationships with client community.
  - e. Financial Analysis including sources of capital to pay for practice expenses and estimated budget with first year income and expense projections (1 page max.).

Please initial each statement below indicating your agreement:

\_\_\_\_\_ I understand that eligibility to enter or continue in the LIFT Program requires that I continue to be a member of the Louisiana Bar in good standing. I agree to notify the Program Director immediately of any change in my status or of any action by the Louisiana State Bar Office of Disciplinary taken against me.

\_\_\_\_\_ I agree to carry malpractice insurance at all times while I am part of the LIFT Program and to pay for any tail if the policy is a claims-reported policy.

\_\_\_\_\_ I have read the requirements of the program and, if selected as a participant in the LIFT Program, I agree to abide by and remain compliant with all the rules governing the program.

\_\_\_\_\_ I understand that if chosen to participate in LIFT, I will receive training from third parties who may make suggestions and recommendations regarding application and software usage in my practice and that these recommendations may or may not be endorsed by the Louisiana State Bar Association. I am to use my own discretion when deciding to incorporate these items into my practice.

\_\_\_\_\_ All statements in this application and accompanying attachments are true to the best of my knowledge and reflect realistic projections based on information reasonably available to me. I understand that any material misstatements herein may be the subject of termination of my participation in the LIFT Program should I be selected.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<sup>1</sup> For more information and a general guide to business plan writing *see* SBA.GOV, "Create Your Business Plan available at <https://www.sba.gov/business-guide/plan-your-business/write-your-business-plan>