



OFFICE OF LEGAL SERVICES INNOVATION
An Office of the Utah Supreme Court

Amended Sandbox Authorization Packet

Holy Cross Ministries

August 15, 2022

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2. Innovation Office Recommendation to the Court

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In the Supreme Court of the State of Utah

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In re: Application of Holy Cross Ministries

AMENDED ORDER FOR AUTHORIZATION TO PRACTICE LAW

Based upon the Utah Supreme Court's plenary and constitutionally granted authority to regulate the practice of law in Utah, and the tenets of Standing Order 15, the Utah Supreme Court orders that Holy Cross Ministries is authorized to practice law within the regulatory sandbox and subject to the restrictions outlined below.

The Court has reviewed the recommendation of the Office of Legal Services Innovation ("Innovation Office") dated May 6, 2020, for Holy Cross Ministries to be authorized to practice law.

Holy Cross Ministries is a 503(c)(3) nonprofit organization serving families in the Salt Lake City area. The organization is sponsored by the Sisters of the Holy Cross, a Roman Catholic women's religious order. Holy Cross Ministries proposes offering legal services alongside the health services it already offers. The legal services will be provided by nonlawyer Community Health Workers ("CHWs"), an established role within Holy Cross Ministries. Specifically, Holy Cross Ministries proposes training CHWs to become bilingual medical debt legal advocates ("MDLAs") to provide limited-scope legal assistance related to medical debt and its collateral issues.

CHWs within Holy Cross Ministries already provide holistic services related to the variety of issues arising within and related to health problems. Their role is to serve as a bridge between patients, health care providers, and social service providers. CHWs in the proposed pilot program will be able to offer limited-scope legal assistance as part of that holistic service offering and address medical debt legal issues immediately and comprehensively. The legal assistance offered by MDLAs includes

legal advice on addressing medical debt, assistance in identifying, completing and filing relevant paperwork, and assistance in negotiation with creditors.

The Innovation Office has assessed the risk of harm to Holy Cross Ministries' targeted consumers relative to the risk of harm they currently face and has determined that the risk of harm presented by Holy Cross Ministries' services is Moderate.

In light of the Court's responsibility to the public to effectively regulate the practice of law in Utah and in keeping with the tenets of Standing Order 15, the Court now orders as follows:

1. Holy Cross Ministries is authorized to offer legal services through the following models:
 - a. Nonlawyer provider with lawyer involvement
 - i. Nonlawyer providers offering only:
 1. Legal information;
 2. Legal process assistance;
 3. Form completion assistance;
 4. Legal advice related to resolution of medical debt; and
 5. Negotiation on behalf of the consumer.
 - ii. Lawyer involvement including:
 1. Pre- and post- education and training assessment;
 2. Substantive and procedural curricular development;
 3. Training;
 4. Checklist development;
 5. Regular quality checks of services provided; and
 6. Ongoing availability for assistance to nonlawyers.
2. Holy Cross Ministries is authorized to provide legal services across the following legal service areas only:
 - a. Financial Issues;
 - b. Immigration¹

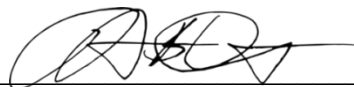
¹ Medical debt legal advocates may provide limited-scope legal advice about immigration insofar as the advice relates to its intersection with Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about immigration unrelated to Medicaid, Medicare, and financial services available to people experiencing medical debt, such as obtaining citizenship, asylum, or visas, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney.

- c. Healthcare
 - d. Public Benefits²
3. To the extent that Holy Cross Ministries' service model could be found to implicate Utah Rule of Professional Conduct 5.3, the Court waives application of that rule as to lawyers overseeing MDLAs for Holy Cross Ministries.
 4. Holy Cross Ministries shall conform to the Moderate innovation reporting requirements imposed by the Innovation Office.
 5. Holy Cross Ministries will prominently display the following disclosure requirements:
 - a. Innovation Office Badge
 - b. Nonlawyer provider disclosure

If Holy Cross Ministries wishes to alter these conditions or requirements, it must submit any such change to the Innovation Office for further assessment. The Innovation Office will assess the proposed change and may permit the change if it deems the change does not materially increase the risks to consumers. If the Innovation Office finds a material increase in risk then it will present the issue to the Court for further consideration.

This authorization is granted for the duration of the existence of the Sandbox, or until exit and permanent licensure at the discretion of the Court. Authorization is subject to Holy Cross Ministries' compliance with the conditions and requirements set forth in the Innovation Office Manual and the Innovation Office Recommendation to the Court and to a verification by the Innovation Office that the company's services are not causing material harm to consumers.

DATED this 16th day of August, 2022.



Matthew B. Durrant
Chief Justice

² Medical debt legal advocates may provide limited-scope legal advice about public benefits insofar as the advice relates to medical insurance, bills, or debt. This may include advising a client about Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about public benefits unrelated to medical insurance, bills, or debt, such as social security or disability benefits, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney.

Document 2



OFFICE OF LEGAL SERVICES INNOVATION

An Office of the Utah Supreme Court

RECOMMENDATION TO THE COURT

APP No. 0045 - HOLY CROSS MINISTRIES

MAY 6, 2020

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EXECUTIVE SUMMARY

Recommendation: Authorize

Applicant: Holy Cross Ministries

Proposed Model/Service: Holy Cross Ministries is a 503(c)(3) nonprofit organization serving families in the Salt Lake City area. The organization is sponsored by the Sisters of the Holy Cross, a Roman Catholic women’s religious order. Holy Cross Ministries proposes offering legal services alongside the health services it already offers. The legal services will be provided by nonlawyer Community Health Workers (“CHWs”), an established role within Holy Cross Ministries. Specifically, Holy Cross Ministries proposes training CHWs to become bilingual medical debt legal advocates (“MDLAs”) to provide limited-scope legal assistance related to medical debt and its collateral issues.

CHWs within Holy Cross Ministries already provide holistic services related to the variety of issues arising within and related to health problems. Their role is to serve as a bridge between patients, health care providers, and social service providers. CHWs in the proposed pilot program will be able to offer limited-scope legal assistance as part of that holistic service offering and address medical debt legal issues immediately and comprehensively. The legal assistance offered by MDLAs includes legal advice on addressing medical debt, assistance in identifying, completing and filing relevant paperwork, and assistance in negotiation with creditors.

Holy Cross Ministries, in partnership with the i4j Lab at the University of Arizona, will develop a comprehensive curriculum for training MDLAs, including training on substantive and procedural law and how to identify factual or legal issues beyond the scope of the MDLA legal assistance authorization. The program will also develop checklists and other tools to assist MDLAs in the provision of legal services and have attorneys available as resources. MDLAs will undergo both pre- and post-education assessment. Curricular development, assessment, and monitoring for quality and legal accuracy will be done by Utah lawyer staff at Holy Cross Ministries.

The proposed service model is:

- Nonlawyer provider with lawyer involvement

The proposed consumer service area is:

- Financial issues
 - Immigration
 - Healthcare
 - Public benefits
-

Waivers Sought	Holy Cross does not seek any waivers. However, in line with past recommendations related to nonlawyer service provision with lawyer involvement, the Innovation Office recommends waiver of Rule 5.3 as to those lawyers supervising the MDLAs within Holy Cross Ministries.
Target Consumer Market	Consumers facing medical debt problems in Utah; specifically, consumers who otherwise are unlikely to engage with the civil legal system.
Sandbox Qualifiers:	This business model/service qualifies for the Sandbox because it would feature the following characteristics: <ul style="list-style-type: none">• Nonlawyer provider with lawyer involvement
Regulatory Objective Qualifier: ¹	This proposal targets consumers unlikely to engage with the civil legal system and will likely increase access for those consumers facing medical debt problems.
Utah Qualifier:	Adapted for Utah requirements.
Implementation Qualifier:	Ready for implementation upon securing of funding.

RISK ASSESSMENT

Target Market:	Consumers engaged facing medical debt problems who are unlikely to engage with the civil legal system.
General Assessment:	MODERATE RISK
Specific Risks:	1. Nonlawyer provider 2. User communications

SANDBOX RECOMMENDATION

We recommend the Court authorize Holy Cross Ministries to practice law in the state of Utah, subject to such requirements as the Innovation Office may impose.

Scope of Recommended Authorization

Term of authorization	The Innovation Office recommends that the authority be granted for an initial period of 24 months from the date of service launch with the
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¹ Regulatory Objective: To ensure consumers have access to a well-developed, high-quality, innovative, affordable, and competitive market for legal services. (Standing Order No. 15)

possibility of extension or permanent authorization. Any such extension or permanent authorization would be subject to the applicant complying with the conditions and requirements set forth below and also to Holy Cross Ministries has a record of compliance with all requirements and the company's services are not causing harm to consumers.

Recommended legal service models	<ol style="list-style-type: none"> 1. Nonlawyer provider with lawyer involvement <ol style="list-style-type: none"> a. Nonlawyer providers offering only: <ol style="list-style-type: none"> i. Legal information; ii. Legal process assistance; iii. Form completion assistance; iv. Legal advice related to resolution of medical debt; and v. Negotiation on behalf of the consumer. b. Lawyer involvement including: <ol style="list-style-type: none"> i. Pre- and post- education and training assessment; ii. Substantive and procedural curricular development; iii. Training; iv. Checklist development; v. Regular quality checks of services provided; and vi. Ongoing availability for assistance to nonlawyers.
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Legal service models not recommended	None
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Recommended consumer service areas	<ol style="list-style-type: none"> 1. Financial Issues 2. Immigration² 3. Healthcare
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²Medical debt legal advocates may provide limited-scope legal advice about immigration insofar as the advice relates to its intersection with Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about immigration unrelated to Medicaid, Medicare, and financial services available to people experiencing medical debt, such as obtaining citizenship, asylum, or visas, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney. Such referrals may be to HCM's Legal Immigration Program, which is staffed by attorneys and provides free and low-cost immigration services to the community.

4. Public benefits³

Recommended waivers Rule 5.3 waiver: To the extent that Holy Cross Ministries' service model could be found to implicate Utah Rule of Professional Conduct 5.3, the Court waives application of that rule as to lawyers overseeing MDLAs for Holy Cross Ministries.

Recommended qualitative compliance requirements Standardized disclosure statements on website and in mobile applications (see Manual):

1. Badge
2. Nonlawyer provider disclosures

Recommended data reporting requirements MODERATE risk data reporting requirements (see Manual)

³ Medical debt legal advocates may provide limited-scope legal advice about public benefits insofar as the advice relates to medical insurance, bills, or debt. This may include advising a client about Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about public benefits unrelated to medical insurance, bills, or debt, such as social security or disability benefits, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney.



OFFICE OF LEGAL SERVICES INNOVATION

An Office of the Utah Supreme Court

SANDBOX PARTICIPANT APPLICATION

The Sandbox is for innovative services models that cannot otherwise be offered under the present Rules of Professional Conduct or are considered the unauthorized practice of law. There are a few qualifications to this mandate:

1. The Sandbox is for all business and service models falling under Utah Rule of Professional Conduct 5.4 and Utah Supreme Court Standing Order No. 15. ****PLEASE NOTE:** As of December 10, 2020, the Court has halted consideration of “bare referral fee arrangements” within the Sandbox. “Bare referral fee arrangements” are defined as “those in which payment is made by the lawyer to the nonlawyer solely to compensate the nonlawyer for referring a potential client to the lawyer; there is no other business relationship between the lawyer and nonlawyer.” Proposals other than bare referral fee arrangements will continue to be considered for authorization in the Sandbox.
2. Suspended or disbarred lawyers are barred from holding an ownership interest of greater than 10% in any Sandbox entity.
3. The Sandbox is not meant to be a mechanism by which out-of-state lawyers can practice in Utah without otherwise completing the requirements imposed by the Utah State Bar.
4. The Sandbox does not and cannot impact requirements imposed by other applicable Utah or federal laws, the laws or requirements imposed by other jurisdictions, or the requirements imposed by other regulatory bodies. Authorization to practice law in Utah through the Sandbox does not release any entity or individual therein from conforming to all other applicable laws and regulations.
5. As made clear in Rule 5.4 and Standing Order No. 15, lawyers working with or in entities participating in the Sandbox are required to maintain their duties under the Rules of Professional Conduct.

Your application will be made publicly available. You will have the opportunity to make a claim of business confidentiality for specific information that would qualify for protection under GRAMA Section 63G-2-305. Making false or materially misleading statements in this application is a basis for loss of authorization to practice within the Sandbox. Other criminal and civil sanctions may also apply.

Should your answers to any of the application questions change, you are responsible for updating the information with the Innovation Office. Failure to promptly update information will be considered relevant to your regulatory status.

If you have any questions, please contact the Innovation Office at sandbox@utcourts.gov.

1. PROPOSED SERVICES

1.1. Describe your proposed legal services offering in detail.

Please include (i) who provides the legal services, (ii) how consumers will access/receive these services, and (iii) what your service will do for your customers.

This proposal is to train community health workers (“CHWs”) at Holy Cross Ministries (“HCM”) to become bilingual nonlawyer medical debt legal advocates (“MDLAs”) trained to provide limited-scope legal advice related to medical debt and its collateral issues. Specifically, these MDLAs will complete modules and assessments about medical insurance coverage, Medicaid, billing, negotiating payment plans, financial assistance programs and debt management, fees that are often incurred throughout the life of a medical debt case, MDLA scope of service, the Utah Rules of Professional Conduct, substantive medical debt law, settlement strategies, bankruptcy eligibility, trauma-informed advocacy, and Sandbox reporting. These MDLAs will not provide legal advice or services for cases where there is court involvement but will complete MDLA curriculum modules about Utah’s civil rules of procedure, court preparation, and wage garnishment to better inform their understanding about what topics fall outside of their scope of service and when to refer clients to the appropriate legal services.

CHWs are culturally competent public health professionals who are embedded in the communities that they serve and are “a bridge between patients, health care providers, and social service providers.”¹ CHWs serve low-income, underserved, and minority populations in Utah in a variety of settings including “hospitals, medical clinics, health plans, schools, government agencies, and other community-based organizations.”² CHWs build trust with the communities that they serve by understanding the culture(s) and needs of these communities.³ In Latinx communities, including those served by HCM, CHWs are commonly referred to as “promotores” or “promotoras.”

HCM offers two health-focused programs. The bilingual, bicultural CHWs in HCM’s Health Outreach Program work as bridge builders, helping individuals navigate the healthcare system and live healthy lives through case management, support groups, workshops and health care access services. The bilingual, bicultural therapists in HCM’s Counseling Program assist victims of crime on their paths to recovery through trauma-informed individual, family and group therapy, as well as parenting classes and support groups. The CHWs working in the Health Outreach Program can refer their clients to the Counseling Program as part of a wrap-around service model.

For example, HCM’s CHWs often work with women who are survivors of domestic violence. In one case in particular, a client lost her eyesight due to domestic violence. She was unable to work and frequently unable to leave her apartment. This client had a 17-year-old daughter and an 18-year-old son. The CHW helped her get her children enrolled in Medicaid and the Supplemental Nutrition Assistance Program. Additionally, the CHW helped the client obtain rental assistance during the pandemic, traveling to her apartment in Summit County to complete all applications because no one in the family had a car. The client is not Medicaid eligible, so the CHW continues to assist the client with her medical bills in order to stay ahead of any bills that could adversely impact this family.

HCM’s CHWs also work with recently immigrated community members whose experiences with medical debt are made more challenging due to language and cultural barriers. One CHW recently assisted a middle-aged man from Mexico who was referred to by the federally qualified health center (“FQHC”) in Summit County after being in a car accident. His car insurance company was refusing to pay his medical bills.

¹ Utah Dep’t Health, [Driving Improvements in Utah’s Health Outcomes: The Community Health Worker Solution](#) 1–2 (2018).

² *Id.*

³ *Id.*

At the time the CHW began working with this client, the identified bills totaled \$3,500, but they rapidly increased to over \$23,000. The CHW helped the client apply for Emergency Medicaid, and it was approved. After Medicaid paid off those bills, the CHW discovered that this client had other bills in collection. The CHW worked with the health facility to request financial assistance, and it was approved. This client still has other hospital bills which the CHW is helping him with. This case is complicated by the fact that the client does not have a permanent address and uses a Mexican phone number, which makes it almost impossible to get in contact with the client. Despite these challenges, the CHW persists in assisting the client. The doctor at the FQHC reported that the client was in tears while describing how the CHW was able to help him alleviate his medical bills, as he was so concerned he would never be able to pay them off.

These are just two examples of how CHWs at HCM already work on a daily basis with clients who are experiencing medical debt. In the past, these CHWs have been successful at working with Intermountain Healthcare and University of Utah Health to negotiate the principal balance down, pull bills out of collections, obtain financial assistance, and apply for emergency Medicaid funding. On average, the principal balance on a client's bill is between \$8,000 to \$10,000 and can range from \$3,000 up to \$90,000. With a CHW's help, half of HCM's clients have been able to completely eliminate any balance owed through financial assistance or emergency Medicaid applications, and the other half have been able to reduce the amount owed to below \$1,000.

The CHWs at HCM who will be trained in this pilot program will continue to provide the holistic, continuum-of-care services that they already provide in the community, and will also be able to provide limited-scope legal advice to their existing and incoming clients during intake and follow-up meetings. This pilot is designed to enhance CHWs' ability to provide more complete services by giving limited-scope legal advice to clients immediately or soon after the client has disclosed their medical debt. After becoming certified MDLAs, the CHWs will be able to advise their clients about the best course of action to reduce or resolve their outstanding medical debts and the potential legal consequences of each possible course of action, such as what happens to the debt if it becomes part of a debt collection lawsuit. The MDLAs will also be able to counsel their clients about the existence of other legal options, such as whether bankruptcy might be a viable solution, what to do if the Fair Debt Collection Practices Act has been violated, and how Medicaid or other forms of public assistance impact immigration status. In addition, interviews with people who are experiencing medical debt demonstrate that the events leading up to incurring a medical debt and experiencing medical debt can be traumatic. Equipping CHWs with knowledge about legal options for handling medical debt advances their continuum of care approach and minimizes the risk of retraumatization that would come if CHWs had to refer all clients out to legal aid.

During intake, MDLAs will identify clients experiencing medical debt who may be eligible for MDLA assistance. Asking about medical debt is already a standard question on the HCM intake form. During intake, CHWs collect information regarding why the client needs help and whether there are any outstanding medical bills or debt. If the client knows that they have a medical bill, CHWs discuss when the bill was incurred, what services were provided, and what (if any) payments were made. CHWs are also already trained to review past medical history with clients in order to identify bills that might exist with past treatment providers. CHWs call hospitals, service providers, and collections agencies with the client present to inquire about financial account status. The CHWs also call the Department of Workforce Services to see if the client had an open case in the past. This work often uncovers unknown medical debt that is harming the client and needs to be resolved.

But relying solely on clients' accounts does not always paint the fullest picture of a client's medical debt history. For example, sometimes clients who have gone to the hospital also have separate bills with individual providers, ambulances, or for services like an ultrasound, which all arise out of the same visit but are not included on the bill from the hospital. To get a clearer picture, and determine the best way to move forward, the CHW calls the hospitals or other service providers where the client may have sought treatment with the client present. If there is a bill in collections that the healthcare facility or provider cannot see in the billing

system, then the CHW will contact the collections agency to get information about that bill, again with the client present.

After identifying which clients have medical debt, the process the CHWs go through with clients to resolve the medical debt depends on what stage the bill is in. If it is for recent services, it is most likely that there is no bill that is under the patient's responsibility yet. If the bill is more than three months old, the CHW will check to see if someone helped the client apply for Medicaid and/or financial assistance at the time of service, and what the result was. If it turns out to be a really old bill in collections, the CHW will reach out to providers and work with their financial assistance teams to see if they will pull the account out of collections and work with the client to get the bill resolved. It also seems that health systems are moving toward more strict financial assistance policies that are burdening people who would otherwise qualify for financial assistance. For example, some of Utah's local health systems (including larger hospitals) require that clients apply for Medicaid and receive a denial letter before they are allowed to apply for financial assistance. Many of the immigrant families served by HCM are afraid to apply for Medicaid because they do not understand which public benefits they are legally permitted to apply for. They do not want to risk their legal status by potentially violating immigration regulations. By refusing to file for Medicaid, they are automatically ineligible for financial assistance that may be available to them, based on general need and eligibility.

HCM will receive the MDLA curriculum, training materials, pilot administration, and empirical evaluation of the pilot from the Innovation for Justice (i4J) Program at the University of Arizona James E. Rogers College of Law. i4J is a social justice innovation lab that designs, builds, and tests disruptive solutions to the justice gap. i4J's interdisciplinary research teams apply design- and systems-thinking methodologies and engage in action-based research that exposes inequalities in the legal system and creates new, replicable strategies for legal empowerment. i4J collaborates with community partners in the nonprofit, government, and private sectors, as well as lived experience experts from the communities in which i4J works, to create new models for delivering legal empowerment to underrepresented populations. This pilot is one of three pilots being developed by i4J with nonprofit community partners to advance legal empowerment for Utahns experiencing medical debt.

i4J's support of HCM's pilot will be facilitated by an i4J Project Manager. The i4J Project Manager position will be a full-time post-graduate position. The i4J Project Manager will work with the program during the two pilot program years, then HCM will continue with the proposed service model without i4J involvement. The i4J Project Manager will assist in:

- recruiting adjunct faculty from the Utah community to teach the MDLA curriculum, such as Utah-licensed attorneys, individuals who have experience working in medical billing, health insurance, Medicaid, etc.;
- launching the MDLA curriculum. This will require coordination with the University of Arizona's Online Learning and Instructional Design staff to create the curriculum on Desire2Learn ("D2L"), an online educational platform that will house the curriculum, and making the curriculum available to HCM MDLAs pursuant to a free license;
- continuing coordination with HCM to launch the pilot program, which will involve recruiting individuals to become MDLAs and administering the MDLA curriculum;
- administer communication between HCM and an external evaluator who will conduct qualitative and/or quantitative evaluation of the pilot's success, dependent on funder requirements, and assist the external evaluator with evaluation tasks;
- support communication between the community partner and the Innovation Office regarding data collection for Sandbox oversight of the pilot; and
- conduct community outreach efforts to educate the legal community and the community at large about the services offered by the pilot and its Sandbox approval/certification.

1.2. Describe the entity business model you want authorized in the Sandbox, including the management structure which will oversee direct legal service providers.

The entity business model for this proposal is nonlawyer provider with lawyer involvement. Utah-licensed lawyers have been involved in the front-end design of this model by providing knowledge and expertise about Utah's civil legal system and how the typical medical debt collection lawsuit proceeds. Lawyers were also involved in the development of the modular MDLA curriculum by: (1) identifying topics MDLAs should be trained on; (2) reviewing a prototype of the curriculum; and (3) providing feedback about what they liked or did not like, and what could be added to each module. Utah lawyers who are subject-matter experts will contribute content to the MDLA curriculum and teach the modules that are legal-system-specific. These lawyers will be available while advocates are completing the curriculum and during the two-year pilot phase to provide instruction and answer questions.

Two CHWs at HCM will be trained in the first year of the pilot, with the possibility of training a third MDLA for the second year of the pilot. HCM's Health Outreach Program is supervised by Margarite Allen, S.S.W., who works closely with other HCM directors and reports directly to HCM CEO, Emmie Gardner. Lorina Tester, Director of Legal Immigration Program and Senior Attorney at HCM, will provide guidance during the training period and monitor the quality and accuracy of the limited-scope legal advice and services provided by the MDLAs to the community. Lorina has twenty years of legal experience, including experience working in consumer protection programs for the [U.S. Public Interest Research Group](#), a leading nonprofit advocacy organization based in Washington D.C., and the [New York City Public Advocate](#). Lorina also has seven years of experience in health law. HCM's Legal Immigration Program is a trusted ally of Utah's immigrant community. Lorina will work with Margarite Allen to oversee the MDLAs, provide legal guidance, and mentorship.

1.3. Why is your proposal eligible to enter the Sandbox?

Identify the specific model, service or product innovations that are not permitted under the traditional rules governing the practice of law.

Nationally, medical debt counts for half of all collections activity.⁴ In Utah, medical debt is the single-most common type of debt in collection, accounting for 36% of all debt collection lawsuits.⁵ More than seventy percent of Utah's debt collection cases end in default judgment.⁶ Legal advocacy for debt collection defendants has the potential to dramatically affect case outcomes: between 2015 and 2017, 53% of defendants with representatives won their debt collection cases compared to 19% of self-represented defendants,⁷ and only 30% of represented defendants face wage garnishment or execution compared to 52% of self-represented defendants.⁸ There is a large disparity in representation rates, as 99.9% of creditors filing debt collection lawsuits are represented by an attorney, while 98% of defendants are self-represented.⁹

The Utah Supreme Court recognizes that Utah Rules that prohibit nonlawyers from giving legal advice have contributed to "a crisis of access for regular Americans."¹⁰ Utah's Regulatory Sandbox presents a first-of-its-kind opportunity to provide access to justice to Utah's low-income communities that HCM's CHWs already serve. The purpose of this proposal and of MDLAs is to deliver legal services to those communities that have

⁴ Consumer Financial Protection Bureau, [Consumer Credit Reports: A Study of Medical and Non-Medical Collections](#) 15 (2014).

⁵ Study commissioned by Utah State Bar Access to Justice Commission in Fall 2020, David McNeill, Landon Troester (on file with author).

⁶ Pew Charitable Trusts, [How Debt Collectors Are Transforming The Business Of State Courts](#) 1, 2 (May 2020).

⁷ Innovation for Justice Program, University of Arizona James E. Rogers College of Law, [December 2020 Interim Report: Leveraging the Utah Sandbox to Advance Legal Empowerment for Utah Community Members Experiencing Medical Debt](#), at slide 8 (2020) (citing Pew Charitable Trusts, [How Debt Collectors Are Transforming The Business Of State Courts](#) 14–15 (May 2020)).

⁸ *Id.* (citing Study commissioned by Utah State Bar Access to Justice Commission in Fall 2020, David McNeill, Landon Troester (on file with author)).

⁹ *Id.*

¹⁰ The Offices of Legal Services Innovation, [Utah Legal Regulatory Reform: Basic Facts](#) (last visited Mar. 15. 2021).

been historically excluded from effective use of the civil legal system. The vast majority of Americans, including the clients that CHWs serve, do not even realize their financial problem is a legal problem,¹¹ and therefore do not engage with the legal system. Those that do face extreme difficulty navigating its complexities without legal assistance. Sandbox approval is needed to empower CHWs to become nonlawyer MDLAs and give free, limited-scope legal advice to people who could not otherwise afford it or are afraid of seeking traditional legal help.

1.4. Describe your target consumer(s).

For example: single parents making <\$50,000 in a custody dispute, first generation college students in a landlord-tenant dispute; renters 40+ years planning for retirement; college educated entrepreneurs seeking legal advice in starting a business.

This proposal is designed to provide free, limited-scope legal advice and assistance to Utahns experiencing medical debt. 60% of the civil legal cases in Utah are debt collection cases¹² and medical debt is the single-most common type of debt in collection, accounting for 36% of all debt collection lawsuits.¹³ This proposal is designed to train nonlawyers who are well situated to provide free, limited-scope legal advice and assistance to lower-income Utahns experiencing medical debt.

Our target consumers are individuals experiencing medical debt in the Utah community. The demographics of people experiencing medical debt are wide-ranging, as incurring medical debt can happen to anyone, but 37% of Americans who are experiencing medical debt have a household income of \$50,000 or less.¹⁴ There are also racial and ethnic disparities in who experiences medical debt: Blacks and Hispanics experience medical debt at higher rates than Whites.¹⁵

This pilot is designed to specifically target consumers who traditionally do not engage with the civil legal system in response to medical debt. Seventy-two percent of Utah medical debt defendants do not appear in court and receive default judgments, which often result in wage garnishments and other downstream consequences that exacerbate the financial stress that prompted the lawsuit in the first place.¹⁶ People experiencing medical debt voice the need for an advocate who can deliver assistance upstream, before the debt becomes a lawsuit.¹⁷ In response, this pilot was designed to provide such upstream intervention, before the medical debt becomes a lawsuit, and before the amount in controversy increases due to interest and legal fees. On average, the amount of a medical debt judgment is 1.5 times greater than the amount of the original medical debt. Defendants who do not respond to a medical debt collection lawsuit receive default judgments that are twice as high as judgments entered against defendants who appear in their medical debt collection cases.¹⁸

¹¹ Rebecca L. Sandefur, Accessing Justice In The Contemporary USA: Findings From The Community Needs And Services Study 14 (2014) (surveying residents of a middle-sized American city and finding that only 9% of residents characterized their civil justice situations as “legal,” while 56% described their situations as “bad luck/ part of life” or “part of God’s plan.”); see also Legal Serv. Corp., The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans 33 (June 2017) (“Low-income Americans do not seek professional legal help for 78% of the civil legal problems they face in a given year.”); Rebecca L. Sandefur, The Impact of Counsel: An Analysis of Empirical Evidence, 9 Seattle J. Soc. Just. 51, 60 (2010) (“the vast majority of civil justice problems are never taken either to lawyers or to a court”).

¹² *Id.* at slide 6 (citing Study commissioned by Utah State Bar Access to Justice Commission in Fall 2020, David McNeill, Landon Troester (on file with author)).

¹³ *Id.*

¹⁴ Innovation for Justice Program, *supra* note 7 at slide 4 (citing Megan Leonhardt, Nearly 1 in 4 Americans are skipping medical care because of the cost, CNBC Save and Invest (Mar. 12, 2020)); see also Christopher T. Robertson, Exposed: Why our Health Insurance is Incomplete and What Can Be Done About It 3 (Harvard Univ. Press, Dec. 2019).

¹⁵ *Id.* (citing Paul Kiel & Annie Waldman, The Color of Debt, ProPublica (Oct. 8, 2015); see also ACLU, A Pound of Flesh: The Criminalization of Private Debt 4–5, 10–11 (2018) (“[R]ace and ethnicity profoundly influence who is vulnerable to predatory private debt collection.”)).

¹⁶ *Id.*

¹⁷ *Id.* at slide 24.

¹⁸ *Id.* at slide 7

HCM's programs primarily serve low-income immigrants in Utah's community. In 2020, HCM served 2,904 individuals of which 85% were immigrants, 69% identified as female, 15% were children, and 50% were living in poverty.¹⁹ Utah's population growth continues to outpace the national average, with its Latinx minority accounting for a significant portion of its unprecedented growth.²⁰ The Latinx minority comprises 13% of the total Utah population and a large segment of this minority continues to struggle against poverty, reporting a median annual household income of \$22,800.²¹ HCM serves the populations that face higher risks once medical debt becomes a lawsuit and are most in need of access to justice, and therefore, these MDLAs have an opportunity to continue to provide meaningful upstream intervention.

¹⁹ Holy Cross Ministries, [2020 Highlights](#) (2020).

²⁰ See Univ. of Utah Kem C. Gardner Policy Institute, [Utah's Increasing Diversity: Population Projections by Race/Ethnicity 1](#) (2019).

²¹ Pew Research Ctr., [Demographic and Economic Profiles of Hispanics by State and County, 2014: Utah](#) (last visited Mar. 18, 2021).

1.5. Which service models are you seeking to use? Select all that apply.

- Lawyers employed or managed by a nonlawyer
- Less than 50% nonlawyer ownership
- More than 50% nonlawyer ownership
- Lawyers sharing fees with non lawyers
- Nonlawyer provider²² with lawyer involvement²³
- Nonlawyer provider without lawyer involvement²⁴
- Software provider with lawyer involvement
- Software provider without lawyer involvement
- Other: _____

1.6. Which legal service categories are you seeking to offer?

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident/Injury | <input type="checkbox"/> Education | <input type="checkbox"/> Housing - Rental |
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Employment | <input type="checkbox"/> Marriage and Family |
| <input type="checkbox"/> Business | <input type="checkbox"/> End of Life Planning | <input type="checkbox"/> Military |
| <input type="checkbox"/> Criminal ²⁵ - Expungement ONLY | <input checked="" type="checkbox"/> Financial Issues | <input type="checkbox"/> Native American + Tribal Issues |
| <input type="checkbox"/> Discrimination | <input checked="" type="checkbox"/> Immigration ²⁶ | <input checked="" type="checkbox"/> Public Benefits ²⁷ |
| <input type="checkbox"/> Domestic Violence | <input checked="" type="checkbox"/> Healthcare | <input type="checkbox"/> Real Estate |
| | | <input type="checkbox"/> Traffic - civil actions / citations |

²² Provider means legal practitioner: a provider who or which is practicing law, including offering legal advice.

²³ Involvement denotes a range of activities, including guidance on initial development of forms, scripts, processes, software. It could mean a lawyer does sample reviews of product/service performance. It could mean a lawyer is available to advise the nonlawyer provider as needed - including via red flag trap doors in software.

²⁴ "Without lawyer involvement" means either (1) a Utah-licensed lawyer provides guidance and oversight at the front end of the development of the service model only but has no ongoing oversight, or (2) no Utah-licensed lawyer is involved in the development or provision of legal service at all.

²⁵ **Please note** At this time nontraditional service providers (nonlawyers or software providers) will only be authorized to provide expungement-related services. Lawyer employees can provide general criminal legal services.

²⁶ Medical debt legal advocates may provide limited-scope legal advice about immigration insofar as the advice relates to its intersection with Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about immigration unrelated to Medicaid, Medicare, and financial services available to people experiencing medical debt, such as obtaining citizenship, asylum, or visas, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney. Such referrals may be to HCM's Legal Immigration Program, which is staffed by attorneys and provides free and low-cost immigration services to the community.

²⁷ Medical debt legal advocates may provide limited-scope legal advice about public benefits insofar as the advice relates to medical insurance, bills, or debt. This may include advising a client about Medicaid, Medicare, and financial services available to people experiencing medical debt. Advice about public benefits unrelated to medical insurance, bills, or debt, such as social security or disability benefits, will be outside the advocates' scope of service. If clients seek advice that falls outside the advocates' scope of service, advocates will refrain from providing such advice and instead refer clients to a licensed attorney.

2. RISK ASSESSMENT

The Innovation Office must assess whether new legal service models cause consumers to get inappropriate or otherwise flawed legal results, fail to exercise legal rights through ignorance or bad advice, or purchase an unnecessary or inappropriate legal service.

2.1. Fully and candidly discuss the risks your customers might face if they use your proposed model, including each of the risks described above.

Risk One: consumers may get inappropriate or otherwise flawed legal results

There is a risk that the MDLAs will not be as successful negotiating with creditors as a lawyer would be, resulting in the client paying less than the original debt owed but more than if a lawyer had done the negotiations instead. There is also a risk that the client will proceed on a particular course of action regarding medical debt based on incorrect advice.

Risk Two: consumers may fail to exercise legal rights through ignorance or bad advice

People experiencing medical debt are often also experiencing other legal issues. These may involve family law, complex bankruptcies, immigration law, and other areas of the law that fall outside of the MDLAs' scope of service. In those circumstances, the clients will be referred to an attorney. However, there is a risk that consumers will not exercise their legal rights or options in those circumstances if they do not end up meeting with an attorney either by choice or because they cannot afford one. There is also a risk that the MDLAs will improperly identify legal issues and fail to recognize that a problem the client is having is a legal one, and therefore will not provide advice on the issue or make the appropriate referral to legal services.

Risk Three: consumers may purchase an unnecessary or inappropriate legal service

There is not a high risk of consumers purchasing unnecessary or inappropriate legal service because the MDLAs are employees of HCM, which is a nonprofit organization. As such, HCM does not have a financial interest that would lead the MDLAs to encourage clients to purchase an unnecessary or inappropriate legal service. These MDLAs will provide limited-scope legal advice and services as part of their usual interactions with clients. Furthermore, efforts will be made to refer clients to free or low-cost legal aid, the Utah Bar Foundation, or self-help resources and advocates when legal issues outside of the MDLAs' scope of service arise.

2.2. Describe the specific ways you will identify, track, and mitigate the risks to consumers in your proposed model.

These efforts could include quality control measures, training, provider testing.

Identifying and mitigating risk

Conversations with community stakeholders, people experiencing medical debt, attorneys, and judges during the development of the proposal have helped identify potential risks to consumers. Concerns that these organizations and individuals raised were catalogued and this proposal has been designed to mitigate those concerns as much as possible.

First, the risk that the MDLAs will not be as successful in the delivery of legal services as a lawyer would be, and the risk that consumers will fail to exercise legal rights or options during this pilot, should be viewed in the context of the reality of legal services in the state of Utah and nationally. 98% of defendants in medical

debt cases are self-represented.²⁸ The outcomes of services provided by MDLAs should be compared to the outcomes currently being achieved by those self-represented litigants: 72% of Utah medical debt defendants do not appear in court and receive default judgments, the average judgment in a medical debt case is 1.5 times the original medical debt, and in 77% of cases the judgments are secured through wage garnishments.²⁹

Second, to mitigate the risk that MDLAs will provide inadequate or inaccurate legal advice, this pilot will train and test MDLAs on their substantive knowledge of legal options for handling medical debt and available defenses, as well as relevant rules of procedure. The MDLA curriculum developed by subject-matter experts will be sufficiently robust and the scope of service will be sufficiently limited to alleviate concerns about limited lawyer involvement and potential risk to consumers. Testing in the training period will include both pre- and post- assessments for each module. Only advocates who pass all assigned module assessments will be certified to provide legal advice. Advocates who do not pass the assessment for a particular module will have to retake that assessment until they are successful. Further, Lorina Tester, a licensed attorney employed by HCM, will be regularly available to answer questions as soon as practicable to help the MDLAs identify legal issues and determine an appropriate course of action, provide general legal advice regarding matters that are not regulated and enforced based solely on Utah law. The MDLAs will also have access to the Utah-licensed subject-matter attorneys who are involved in the MDLA curriculum for questions that arise during the two-year pilot phase.

Third, to ensure that the advocates have a robust understanding of their authorized scope of service and maintain a client-centered approach to the provision of limited-scope legal advice and services, a scope of service module and a professional responsibility module are embedded in the MDLA curriculum. These modules will train MDLAs to identify the legal issues which fall outside of their scope of service, to refrain from providing legal advice about those issues, and to refer the client to an attorney or self-help resources. In addition, the MDLAs will work closely with Margarite Allen and Lorina Tester in practical training exercises during the training period to simulate identifying legal issues, informing a client that an issue is outside of the MDLA's scope of service, and providing referrals to appropriate legal services or self-help resources.

Fourth, as part of the MDLA curriculum, the MDLAs will create and complete a checklist of common legal issues that arise in medical debt cases, which will mitigate the risk that the MDLAs will improperly identify legal issues while advising a client. This list and the responses will be reviewed and approved by the subject-matter experts who taught the MDLA curriculum modules. This checklist will become a part of their toolkit in the field, providing structured guidance for identifying issues and standardizing the services provided across advocates. In addition, the MDLAs at HCM will be able to work together with Margarite Allen and Lorina Tester to add to this checklist as they provide services in the field and begin seeing common issues among their clients.

Tracking risk

HCM uses a case management documentation system called Efforts-to-Outcomes ("ETO"), which is a software developed by Social Solutions, Global, Inc. This product is adequately robust for medium to large-sized nonprofits that provide social services to the community. This tool is highly customizable and enables HCM to capture any required data point, called a touchpoint in ETO, and can be used to track risk for this pilot program. Currently, statistics are kept on poverty level, race, sex, age, and location, to name a few metrics. HCM's CHWs obtain demographic information for each client during the initial consultation and enter that information into a new ETO file. The system also allows staff to enter multiple touchpoints so no duplicate client records are created. ETO allows HCM's staff to find specific information from all clients' profiles. Touchpoints enable the organization to report the number of services provided to clients by program

²⁸ Innovation for Justice Program, *supra* note 7 at slide 8 (citing Study commissioned by Utah State Bar Access to Justice Commission in Fall 2020, David McNeill, Landon Troester (on file with author)).

²⁹ *Id.*

and service type. Currently, HCM has a touchpoint for Medicaid approvals but not for financial assistance approvals, but this additional touchpoint and any others can be added due to ETO's customizability. HCM's staff enter data into ETO on a daily basis. This software allows HCM to collect data and run detailed, custom reports based on specific reporting needs.

2.3. Please describe your consumer complaint process.

Currently, HCM's consumer complaint process involves clients contacting HCM's CEO, Emmie Gardner, who works with the client and staff member to resolve the complaint. A more formal complaint process will be used for clients working with MDLAs. Risk to consumers will also be tracked by asking clients to complete surveys created by i4J and HCM. Each survey will ask the client for feedback about their experience working with their advocate. These surveys will be strategically offered after critical points in service delivery including after intake, after negotiations, and after the client file has closed. These surveys will ask clients about their satisfaction with their MDLA, whether the advocate explained things in a way they could understand, and the level of professionalism demonstrated by the MDLA. Furthermore, during intake meetings and throughout the duration of service delivery, clients will be made aware of two options for reporting concerns about MDLA services: (1) HCM will create a MDLA consumer complaint policy that provides for internal review by a committee of HCM staff and Utah attorneys; and (2) the ability to file consumer complaints with the Sandbox. All MDLAs will provide the required disclaimers³⁰ to the clients during the intake meeting and obtain consent to provide legal services prior to rendering any limited-scope legal advice or services. The MDLAs will remind their clients of these disclaimers at critical points in the case management process. ETO is HIPAA-compliant and all reports will produce deidentified information. This pilot program will also be subject to empirical analysis by i4J and an external evaluator, which will include data collection about negotiation results and case dispositions.

³⁰ HCM will provide the required disclosures provided by the Innovation Office in both English and Spanish and proposes the following modified disclosures to accurately capture its nonprofit status:

"This is not a law firm. Some of the people who manage this nonprofit organization are not lawyers. This means that some services / protections, like the attorney-client privilege, may be different from those you could get from a law firm. If you have questions, please contact us at _____."

"This service is not a lawyer. The service you have selected is not a lawyer. This means:

- Someone involved with you or with your legal issue, including people on the other side of this case, could be using this service as well.
- We could be required to disclose your communications (such as questions and information submissions) to third parties. If you have questions, please contact us at _____."

3. BENEFITS TO UTAH CONSUMERS

The Innovation Office is assessing potential benefits of proposed offerings to the Utah legal market.

3.1. Describe how your model will provide higher quality, more cost effective, and more accessible legal services for your target consumers.

The Utah Bar Foundation's Justice Gap report found that most lawyers in Utah charge over \$150 an hour for their services, and most lower-income (less than 200%FPL) individuals try to resolve their legal problems by themselves.³¹ While there are self-help and pro bono or low-cost legal services available, this requires the client to recognize that the problem they are experiencing is a legal one.³² The population that HCM serves is primarily uninsured and cannot afford to obtain a lawyer. The CHW MDLAs at HCM will be able to help their clients by providing legal services regarding routine medical debt issues during their ongoing course of client interactions at no cost to the client. The intake process that the CHWs go through with new clients already involves a conversation about understanding any outstanding medical debt that the client may have, as well as gathering a full picture of the client's life. Currently, the CHWs are limited to giving their clients information about what the clients could choose to do about their medical debt.

After certification, the MDLAs will be able to close the justice awareness gap with clients by helping clients understand which of their human problems are also legal problems. Because HCM's clients primarily have bills that require negotiation with a healthcare facility or a collections agency, the MDLAs' training on negotiation strategy and the Fair Debt Collection Practices Act will allow them to counsel clients about their legal options and help them make an informed decision about whether they want to exercise those rights. The goal of this pilot is to continue to help people experiencing medical debt resolve those debts before there is a risk of court involvement. CHWs are uniquely positioned to provide this upstream intervention because: (1) they are trusted by the target population; (2) they have existing relationships with the healthcare systems that they will negotiate with; and (3) they have a robust understanding of how poverty, debt, and language barriers impact the target population's ability to access the healthcare and justice systems.

3.2. Does your proposal comply with applicable Utah legal requirements?

For example: staffed by UT licensed attorneys, built to complete state legal forms.

Yes. The MDLA curriculum is roughly 80 hours in length. Within this curriculum, there is a module devoted to compliance with Utah's Rules of Professional Conduct. The portions of the curriculum which train MDLAs to identify the relevant court forms to refer clients to will reference the forms available at the [Utah State Court Self-Help Website](#). In addition, MDLAs will be trained to identify the legal issues which fall outside of their scope of service, to refrain from providing legal advice about those issues, and refer those issues to a licensed attorney.

The MDLA curriculum was created by i4J, a law school program, with input from Utah-licensed attorneys. i4J also received feedback on the curriculum from members of the Court, attorneys representing people experiencing medical debt, attorneys representing creditors, and people experiencing medical debt. Utah-based subject-matter experts, including attorneys, will be creating and contributing content to the course modules. This training will be supervised by subject-matter experts, including attorneys, who will remain available to assist MDLAs as needed throughout their work as advocates. The feasibility of the consumer's use of an MDLA is currently being tested in a controlled lab setting, and upon Sandbox approval, the pilot will be

³¹ Utah Found., *The Justice Gap: Addressing the Unmet Legal Needs of Lower-Income Utahns* 3–5 (2020).

³² See Legal Servs. Corp., *The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-Income Americans* 7 (2017).

rigorously evaluated. Sandbox approval is needed so that these MDLAs may give this limited-scope legal advice without violating Utah unauthorized practice of law restrictions.

3.3. Identify which of your service models are ready to immediately implement.

The Office of Innovation is only authorized to consider proposals which are ready to begin offering legal services not currently authorized in Utah at the time of authorization.

This pilot is ready to begin offering services once funding is secured and the MDLA curriculum is constructed within its online platform. HCM is actively applying for grant funding for this pilot. The MDLA curriculum will be complete within three months of funding being secured, and the MDLAs will begin providing services within six months of funding being secured.

4. CONFIRMATION OF ELIGIBILITY

- 4.1. List all persons and entities who wholly or partially direct the management or policies of your proposed entity and/or the direct provision of legal services to consumers, whether through ownership of securities, by contract, or otherwise (“controlling persons”).

Organizational policies and management:

[Congregation of the Sisters of the Holy Cross](#)

HCM [Board of Directors](#)

Emmie Gardner, CEO

Legal Immigration Program management:

Lorina Tester, J.D., Director of Legal Immigration Programs, Senior Attorney

Health Outreach Program management:

Margarite Allen, S.S.W., Program Manager

- 4.2. List all persons and entities who will wholly or partially (greater than 10%) finance the business of your proposed entity (“financing persons”).

Holy Cross Ministries is a 501(c)(3) nonprofit organization and was founded in 1994. It receives funding from a multitude of sources, including individual contributors, grants, program fees, and investment income as indicated on page 8 of its [2019 Annual Report](#). A full list of individual contributors, grantors, and sponsors is available on pages 9–13 of the Report. Information about Holy Cross’s financial investments is available on pages 16 and 17 of its [2018 and 2019 Audited Financial Review](#). The 2020 Annual Report is anticipated to be completed in late May 2021. New external funding is being sought to fund this pilot, and grant applications will be submitted while this Sandbox application is pending.

- 4.3. Please note that no financing person may be a disbarred or suspended lawyer. List all controlling persons who are disbarred or suspended lawyers.

N/A. Holy Cross Ministries does not have employees who have been disbarred or are suspended from practicing the law.

- 4.4. List all controlling persons or financing persons of your proposed entity who have a felony criminal history.

N/A. Holy Cross Ministries does not have controlling or financing persons who have a felony criminal history.

- 4.5. List all persons who will be in a managerial role over the direct provision of legal services to consumers who are disbarred lawyers.

N/A. Holy Cross Ministries does not have employees who have been disbarred or are suspended from practicing the law.

4.6. List all persons who will be in a managerial role over the direct provision of legal services to consumers who have a felony criminal history.

N/A. Holy Cross Ministries does not have any individuals who will be in a managerial role over the direct provision of legal services to consumers who have a felony criminal history.

4.7. Please select the most accurate description: My proposed entity has a material corporate relationship and/or business partnership with:

- A disbarred or suspended lawyer
- An individual with a felony criminal history
- Neither a disbarred / suspended lawyer nor an individual with a felony criminal history

4.8. Disclose any history of state or federal criminal (misdemeanor or felony) conviction, state or federal consent decree, or state or federal enforcement action resulting in sanctions (disgorgement, civil penalties, and/or injunction) for the entity and, if applicable, its parent and other affiliated companies.

N/A. Holy Cross Ministries does not have any history of state or federal convictions or sanctions.

4.9. Disclose whether the entity, parent, and other affiliated companies are, to their knowledge, currently subject to a state or federal criminal investigation or state or federal enforcement action.

N/A. Holy Cross Ministries is not currently subject to a state or federal criminal investigation or enforcement action.

I confirm that no financing persons listed in this application are disbarred or suspended lawyers.



Signature: _____

Printed Name: _____ Emmie Gardner _____

Title: _____ Chief Executive Officer _____ Date: _____ April 9, 2021 _____

SELLING OF CONSUMER DATA DISCLOSURE

Please indicate whether your business model includes the sharing or selling of consumer data in any form to third parties.

- Yes
- No

PUBLIC APPLICATION

Your application will be made publicly available. You will have the opportunity to make a claim of business confidentiality for specific information that would qualify for protection under GRAMA Section 63G-2-305. Making false or materially misleading statements in this application is a basis for loss of authorization to practice within the Sandbox. Other criminal and civil sanctions may also apply.

- I understand.



Signature: _____

Printed Name: _____ Emmie Gardner _____

Title: _____ Chief Executive Officer _____ Date: _____ April 9, 2021 _____