



# Ball State University Athletics Compliance

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## AGENT QUESTIONNAIRE

The completion of this form ***DOES NOT SATISFY THE INDIANA STATUTE*** requiring Athlete Agents to file with the Attorney General. Proof of filing with the Attorney General must be furnished to the Ball State University Compliance Office by those individuals wishing to represent current Ball State University Student-Athletes in ***FUTURE*** professional athletic careers.

**Please return this questionnaire to:**

Pat Quinn, Associate Athletics Director, Ball State University, HP 117 Muncie, IN 47306 or  
Fax to: (765) 285-8492

### ***BACKGROUND***

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

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ***STATEMENT OF UNDERSTANDING***

The following information is provided as a service to aid \_\_\_\_\_  
Student-Athlete's Name if Applicable

and/or Ball State University to better understand the type and kinds of services and expertise offered by the respondent in preparation for a future professional sports contract. It is acknowledged by all parties to this communication that the responses are intended to assist any student-athlete in learning more about the particular firm and its agents/representatives. Part of this process is accomplished by reference to the information provided below – in other instances, by personal interview or meeting. Cognizant of the need to provide accurate and reliable information, it is understood by those reviewing this material that the answers provided can be relied upon for their veracity and accuracy. If additional information is required to respond to a specific question, please attach whatever documentation is appropriate. In submitting this form, I voluntarily agree to comply with and be bound by any applicable State law. I further understand that by making any false or misleading statement of any nature in answering a question on this form, that the firm or individual may be identified to all institutional representatives (including student-athletes, parents/legal guardians) and any other collegiate institution that may deem such lack of disclosure appropriate in counseling student-athletes regarding future professional sport opportunities.

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Agent's Signature

***INFORMATIONAL QUESTION/RESPONSES***

*All questions must be answered completely*

1. List your educational background. Included dates attended and degrees conferred.

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2. List your employment history for the last ten (10) years.

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3. How many years experience do you have representing student-athletes in securing future professional sports contracts?

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4. How many clients have you represented during the period of time indicated in question #3?

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5. Of the clients that you have represented, how many are still using your professional services?

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6. Would you be willing to provide the names/telephone numbers of five of your current clients to be contacted by either Ball State University's sports counseling panel or a student-athlete requesting this information?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5. \_\_\_\_\_

7. Would you be willing to provide a list of names/telephone numbers of any clients who may have previously used your professional services, but are no longer associated with you or your firm?

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8. Please identify your areas of expertise in reference to professional sports/agent representation.

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9. What specific services are available to your clients?

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10. Do you offer a separate contract for each of these services?

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11. List any occupational or professional licenses or other similar credentials you have obtained other than college or graduate school degrees, including the dates they were obtained:

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12. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a member of any other profession, or as a holder of any public office? (circle one)                      YES                      NO

If YES, please describe each action, the dates of the occurrence, and the names and addresses of the authority imposing the action in question:

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13. Are any charges or complaints currently pending against you regarding your conduct as an attorney, as a member of any profession, or as a holder of public office? (circle one) YES NO

If YES, please describe including the authority considering the action:

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14. Have you ever been convicted of, or plead guilty to, a criminal charge, or other than minor traffic violations (\$100 fine or less)? (circle one) YES NO

If YES, indicate the nature of the offense, date of conviction, criminal authority involved, and punishment assessed:

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15. Have you ever been the defendant in any civil proceeding, including bankruptcy proceedings in which allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, forgery, or legal malpractice were made against you? (circle one) YES NO

If YES, please describe fully and indicate the result of the civil proceeding(s) in question:

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16. Have you ever been adjudicated insane or legally incompetent by any court?

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17. Have you ever been suspended or expelled from any college, university or law school? (circle one) YES NO

If YES, please describe the circumstance:

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18. Please identify which of the following services you provide:

Contract Negotiation \_\_\_\_\_

Grievance Arbitration \_\_\_\_\_

Financial Planning \_\_\_\_\_

Appearance/Endorsements \_\_\_\_\_

Estate Planning \_\_\_\_\_

Tax Planning \_\_\_\_\_

Investment Counseling \_\_\_\_\_

Other Services (explain) \_\_\_\_\_

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19. Are your customary fees for the above based on a percentage of the client's salary you negotiate, total income of the client, an hourly fee or some other arrangement? (Please explain)

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20. Please describe your fee structure?

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21. How and when do you expect to be paid for your services under your contract?

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22. What is the duration of your contract?

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23. Under what conditions may a client terminate a contract?

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24. Do you have an agreement, understanding or relationship of any kind with any individual, firm or organization pursuant to which such an individual, firm or organization solicits or encourages clients to use your services? (circle one)      YES                      NO

Do you provide any compensation or other consideration to such an individual, firm or organization? (Explain)

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25. What happens if your client is waived from a team?

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26. Do you limit the number of clients you will represent (and if so, how)?

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*ACKNOWLEDGEMENT*

I, \_\_\_\_\_ being first duly sworn, say that I have read the foregoing questions and have personally answered the same fully and honestly and the answers to said questions are true and accurate to my knowledge.

Further affiant sayeth not. \_\_\_\_\_

Sworn before me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

*Form updated 3/3/08*