

WRITER REQUEST FOR APPLICATION OF THE WGA DOCUMENTARY SCREENPLAY CONTRACT

Writer(s)

- 1. Name of Writer(s):
- 2. Address:
- 3. Telephone number: _____ Email: _____
- 4. Fax number: _____
- 5. WGA member?
- 6. Name, address and telephone number of additional writers on the project, if any:

Each writer must fill out a separate Request for Application of the WGA Documentary Screenplay Contract.

- 7. Agent's name and telephone number:
- 8. Attorney's name and telephone number: _____

Film Project

- 1. Name of Film Project:
- Any previous names for the same film project? ______
- 3. Projected budget of the film:
- 4. Source of financing, if known:

Production Company

- 1. Name of Company: ____
- 3. Company owner(s):
- 4. Company address: _____
- 5. Company telephone number: _____
- 6. Company fax number: _____
- 7. Is the Company signatory to the WGA Minimum Basic Agreement?
- 8. Do you have an ownership interest in the Company? _____ If so, what percentage of ownership do you have?
- 9. Do you serve in a managerial capacity with the Company?
- 10. Is there a bona fide agreement for financing, production and/or distribution with a third party signatory producing Company? (If so, please attach)

The Deal

- 1. Is there a Writer's Agreement? _____ (If so, please attach)
- 2. If not, are you negotiating a Writer's Agreement at this time? ______ Please describe on a separate sheet.
- The Publication Fee of \$5,000 may be waived upon the Writer's request. Please check one:

____ I am waiving this fee (Publication Fee will not be due)

OR

____ I am not waiving this fee (Publication Fee will be due)

More About You

Are you also a Producer _____ Director _____ and/or Actor/Performer _____ on the project?