

Return completed form to: Dauphin County Bar Association Modest Means Panel, 213 N. Front St., Harrisburg, PA 17101 OR EMAIL: LRS@dcba-pa.org.. **Questions?** Call 717.232.7536, option 2.

_ Date ____

Full name	Number of adults in your household* (HH) No. of children in HH * Household includes people who live in the home with you and share income and expenses			in HH	
Address	• •		Phone		
Email	Alternate	phone (anyone who car	ı reach you)		
***Please attach proof of all household inco					
numbers. Include your wages, benefits, and worker's compensation and veteran's benefit		hild support, self-emplo	yment, Social Securi	ty/SSDI,	
Monthly GROSS Income (Before Taxes Are Withheld)	Self	Spouse/Significant Other/Partner	Other household members	TOTAL	
Wages / self-employment					
Unemployment compensation					
Child support / spousal support					
Social security / welfare / veterans' benef	ïts /				
workers' compensation					
Retirement / pension	1				
Other (e.g., gifts, loans, eBay sales, odd j rental property) Source:					
ТО	TAL				
	ASSETS				
*Please attach proof of all household assets	below. Block out sensi	itive information such a	s your SSN or bank a	ccount #s.	
Checking / savings bank accounts					
Stocks, bonds, or certificates of deposit					
Retirement accounts					
Investment accounts	TAI				
	TAL	 OME YOU LIVE IN			
Estimated value (Zillow.com)	ATE (INCLUDING II				
Loan balance due					
Equity (= Value - Balance Due)					
Issue (circle one): Contract Disputes, Custody	(Conciliation Conferen	nce only) Debt Collecti	one (Debtor) Family	Law Paal	
Estate (not rental issues), Support, Tax (Indivi	,	• .	ons (Deotor), Family	Law, Kear	
Estate (not rental issues), support, Tax (murvi	duai) - Appeuis are mo	or covereu.			
Brief description of legal problem					
Opposing party's name	Name of	opposing attorney (if ar	ıy):		
Court name/location (if known)	I	Deadlines / court dates?			
Please list attorneys you have already contacted	d				
✓ Submitting your application does NOT				orney-	
client relationship between you and DO	BA, its employees,	directors, officers, or	members.		
I certify that (1) I understand that subm	itting my applicatio	on does not create an	attorney-client re	lationship	
and (2) the information on this form is c			•		

Signature _____

Dauphin County Bar Association Modest Means Referral Service Application

The Dauphin County Bar Association's (DCBA) Modest Means Program helps people whose income is too high to qualify for free legal services, but too low to pay a lawyer's regular rate.

When we receive your completed application and documentation, if you are eligible, we will try to refer you to an attorney who has agreed to consider certain cases at a reduced rate. However, **referrals are not always possible and are NOT guaranteed.**

If the attorney agrees to take your case and you want to hire that attorney, you agree to:

- 1. Give the attorney a retainer or deposit of \$500 upfront (The retainer amount may vary with the complexity of the case),
- 2. Pay the attorney at the rate of \$50 per hour, and
- 3. Pay any filing fees and **other expenses** (e.g., postage, copies of records, certified mail, etc.).

The Modest Means Referral Service accepts applications for legal help, but **only at the trial level**, for Contract Disputes, Custody (*Conciliation Conference only*), Debt Collections (Debtor), Family Law, Real Estate (not rental issues), Support, Tax (Individual). The Modest Means Referral Service **does not accept cases that are on appeal**. Additionally, the Modest Means Referral Service accepts applications for legal help with custody actions at the Conciliation Conference. Applications are not accepted for other custody hearings or trial.

To apply

- 1. Complete the application form.
- 2. Attach copies of your income and assets documentation. Include proof of all household wages, child support, and benefits such as Social Security, SSI, worker's compensation, unemployment or VA benefits and all household assets. Block out sensitive information such as your Social Security number or bank account numbers. YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL PROOF OF INCOME AND ASSETS IS SUBMITTED.
- 3. Send the application and proof of your household income and assets to:

Dauphin County Bar Association
Modest Means Panel
213 N. Front St.
Or email to: LRS@dcba-pa.org

Harrisburg, PA 17101

If you have questions about the application, please call our office at 717.232.7536, option 2. For more information go to https://www.dcba-pa.org/community-programs/lawyer-referral-services.aspx.

Your eligibility for this program is determined by qualifications that include household income. To be eligible, your application must demonstrate that you have the ability to pay the \$500 retainer and \$50 per hour.

Within 10 <u>business</u> days of receipt of your fully completed application and required documentation, we will notify you either by email, phone, or mail whether we will be able to provide an attorney for you. If you qualify, we will provide you with the attorney's information at that time. Afterward, you must contact the attorney to schedule the initial consultation and bring the required \$500 deposit, if you wish to hire the attorney.