

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

_ Date ____

Questions? Call 717.232.7536, option 2.

Full name 1	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 exper			in HH	
Address	City/state/zip				
Email	Alternate	Alternate phone (anyone who can reach you)			
***Please attach proof of all household incom	ne below. Block out	sensitive information su	ch as your SSN or acc	count	
numbers. Include your wages, benefits, and or		child support, self-emplo	yment, Social Securi	ty/SSDI,	
worker's compensation and veteran's benefits.		a 1a • m •	041 1 1 11	TOTAL	
Monthly GROSS Income (<u>Before</u> 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' benefit	ts /				
workers' compensation					
Retirement / pension					
Other (e.g., gifts, loans, eBay sales, odd jo					
rental property) Source:	_				
TOT	rat				
101	ASSETS				
*Please attach proof of all household assets b		sitive information such a	us vour SSN or bank a	eccount #s.	
Checking / savings bank accounts					
Stocks, bonds, or certificates of deposit					
Retirement accounts					
Investment accounts					
TO 7	ΓΑΙ				
		HOME YOU LIVE IN			
Estimated value (Zillow.com)	TE (II (CECETI (CE				
Loan balance due					
Equity (= Value - Balance Due)					
		Family I am Commant	<u> </u>	<u> </u>	
Issue (circle one): Custody (Conciliation Confe	rence only), Divorce,	, Family Law, Support			
Brief description of legal problem					
Opposing party's name	Name of	f opposing attorney (if a	ny):		
G (((((((((((((((((((D 11' / . 1 . 0			
Court name/location (if known)		Deadlines / court dates?			
Please list attorneys you have already contacted	1				
- 1000 1100 000 110 y 0 0 110 10 0110 00 00 1100 00 1100 00 1100 00					
✓ Submitting your application does NOT				orney-	
client relationship between you and DC	BA, its employees,	directors, officers, or	members.		
I contife that (1) I am James J that a last	44!	on doog not		.la4ial-:	
I certify that (1) I understand that submi			•	ıauonsnıp	
and (2) the information on this form is co	implete and correc	ct to the best of my k	nowieage.		

Signature _____

Modest Means Application revised 12/2022

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.