

## Consumer Protection Clinic Application

*Please Print Clearly.*

The Dauphin County Bar Association's (DCBA) Consumer Protection Clinic Program seeks to help qualified people with Consumer Protection issues. Your eligibility for this program is determined by qualifications that include household income and the type of issue you have. Eligibility does not guarantee representation.

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 assisting in Consumer Protection cases on a pro bono basis. However, **referrals are not always possible and are NOT guaranteed.** To apply

1. Complete this application form.
2. **Attach copies of**
  - a. Any bills, statements, **contracts**, credit card receipts, or anything in writing that might help, and
  - b. **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, 213 N. Front St., Harrisburg, PA 17101

Within 10 business days of receipt of your fully completed application and required documentation, we will notify you either by phone or mail whether we will be able to assist you. If you have questions about the application, please call (717) 232-7536 Option 2.

**Submitting this application does NOT automatically make you a client, and does NOT create an attorney-client relationship between you and DCBA, its employees, directors, officers, or members.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

# adults in your household (i.e., people who live in the home with you and share income & expenses) \_\_\_\_\_  
+ # children in your household \_\_\_\_\_ = Total Household Size \_\_\_\_\_

**\*\*\*Please attach proof of all Household income below. Block out sensitive information such as your SSN or account numbers. Include your wages, benefits and other income such as child support, self-employment, Social Security/SSDI, worker's compensation and veteran's benefits.**

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 /Veteran's benefits /Worker's compensation				
Retirement/pension				
Other (e.g., gifts, loans, eBay sales, odd jobs, rental property...) Source _____				
<b>TOTAL</b>				

**ASSETS**

*\*Please attach proof of all Household assets below. Block out sensitive information such as your SSN or bank account #s.*

Checking/savings bank accounts				
Stocks, bonds or certificates of deposit				
Retirement accounts				
Investment accounts				
<b>TOTAL</b>				
<b>REAL ESTATE (INCLUDING HOME YOU LIVE IN)</b>				
Estimated value (Zillow.com)				
Loan balance due				
Equity (= Value - Balance Due)				

Did You Try to Resolve the Problem With Free Mediation?\* \_\_\_\_\_ What Was The Result \_\_\_\_\_

*\* If not, please call Neighborhood Dispute Resolution NDS 717-233-8255.*

When Did Problem Happen? \_\_\_\_\_ How Much Money Is Involved? \_\_\_\_\_

Where Did Problem Happen (City & State) ? \_\_\_\_\_ Was There a Written Agreement \_\_\_\_\_

Opposing Party Name \_\_\_\_\_ Phone \_\_\_\_\_

Opposing Party Address \_\_\_\_\_

Opposing Party's Lawyer (if any) \_\_\_\_\_ What Is Opposing Party's Business or

Relationship to You \_\_\_\_\_ Deadline / Court Date \_\_\_\_\_

Summary of What Happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Attorneys You Discussed This Matter With \_\_\_\_\_ Names \_\_\_\_\_

Please attach

- Any bills, statements, contracts, credit card receipts, or anything in writing that might help,
- Proof of all Household income. Block out sensitive information such as your SSN or account numbers. Include your wages, benefits and other income such as child support, self-employment, Social Security/SSDI, worker's compensation and veteran's benefits.

**I certify that (1) I understand that submitting my application does not create an attorney-client relationship, (2) the information on this form is complete and correct to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

