

# ***Bar Association of Lehigh County***

## **MODEST MEANS PROGRAM**

1114 West Walnut Street  
Allentown, PA 18102  
610.433.6204 ext 19 / 610.770.9826 (F)  
ehudson@lehighbar.org

### **Application for Membership**

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Please complete all the information on the application, including the waiver portion, and return it to the attention of the Modest Means Program Coordinator, along with a copy of the **declaration sheet** from your malpractice insurance policy. The \$50.00 panel fee is also required with the application. Should you have any questions regarding the Modest Means Program or the application, please call Erin Hudson at the above number or email at ehudson@lehighbar.org.

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Name: \_\_\_\_\_ Attorney ID: \_\_\_\_\_

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

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

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

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

Email Address and/or Web Site: \_\_\_\_\_

Month & Year of Pennsylvania Bar Admission: \_\_\_\_\_

Law School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Undergraduate School Attended: \_\_\_\_\_

Other Courts to Which Admitted: (Please indicate dates of admission)

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

Foreign Languages: \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

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Name of Malpractice Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*(Please remember to attach a copy of the declaration sheet from your policy with this application)*

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❖ **Please answer the following questions:**

1. Have you ever been disciplined by the Disciplinary Board of the Pennsylvania Supreme Court or by a disciplinary authority in another jurisdiction? \_\_\_\_\_

***(If you answered yes to this questions, please provide a brief explanation in a separate letter and forward it to the attention of the Lawyer Referral Coordinator, Brandi Cappellini. Both your application and the letter should be marked "personal and confidential").***

2. Are you fluent in a language other than English? Please indicate which language(s)

\_\_\_\_\_

**MODEST MEANS PROGRAM WAIVER**

By its approval of an attorney for membership on the Modest Means Program panel, the Lawyer Referral Service Committee assures the public that the attorney is a member of the Bar in good standing and is qualified to practice law. The Committee also assures the public that the attorney adheres to, and will continue to adhere to, the recognized ethical standards of the profession as well to the Modest Means Program's stated purpose under its operating rules. In furtherance of its obligation to the public, the Lawyer Referral Committee requests the following information:

I hereby authorize the Bar Association of Lehigh County's Modest Means Program to examine any and all material which is presently on file or which may hereafter be filed with the Disciplinary Board of the Pennsylvania Supreme Court, the Pennsylvania Lawyers' Fund for Client Security, the Judicial Inquiry and Review Board (JIRB), the Judicial Conduct Board and/or the Court of Judicial Discipline or successor bodies as part of my application to the LRS and during the period that I am a member of the Modest Means Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

ID #: \_\_\_\_\_

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❖ Please sign below to indicate that you have read the following statement and agree to comply with those requirements:

1. I elect to become a member of the Modest Means Program and agree to accept the following flat fee / hourly rate cases. I understand that the purpose of the Bar Association of Lehigh County Modest Means Program is to provide legal services at a substantially reduced rate to individuals who fall within the financial guidelines as outlined in this application.
2. By participating in the MMP, I agree in the event of a fee dispute with a MMP client, to sign the agreement for binding common law arbitration before the Bar Association of Lehigh County's Fee Dispute Committee and to abide by any decision rendered by that Committee in such a fee dispute.
3. By signing below, I agree to cooperate fully with the Lawyer Referral / Modest Means Coordinator in resolving any disputes or complaints which may arise during my participation in the Modest Means Program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

## MODEST MEANS PROGRAM

### Areas of Referrals

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<input type="checkbox"/> Child Support Conference (Defendants Only)	\$150.00
<input type="checkbox"/> Child Support Hearing (Defendants Only)	\$60.00 per hour
<input type="checkbox"/> Child Custody Conference (Defendants Only)	\$150.00
<input type="checkbox"/> Uncontested Divorce	\$275.00 plus costs
<input type="checkbox"/> PFA First Full Hearing (Defendants Only)	\$250.00
<input type="checkbox"/> Bankruptcy – Chapter 7	\$500.00 plus costs
<input type="checkbox"/> Collections Defense	\$60.00 per hour
<input type="checkbox"/> Simple Wills (Simple bequests & Simple minors' trust)	\$75.00
<input type="checkbox"/> Simple Wills (Husband & Wife)	\$125.00
<input type="checkbox"/> Power of Attorney	\$40.00
<input type="checkbox"/> Health Care POA & Living Wills	\$75.00
<input type="checkbox"/> Unemployment Compensation	\$250.00

\*Prices assume in office visits for the initial conference and execution of documents. Any additional provisions or work or out of office visits are done at \$60.00 per hour.