

THE BAR ASSOCIATION OF LEHIGH COUNTY MODEST MEANS PROGRAM

Please print clearly and fill out the application completely. You may fax your completed application to (610) 770-9826 or mail to: BALC, Modest Means Program, 1114 W. Walnut St., Allentown, PA 18102.

Please note: All information provided will be treated as confidential communications made for the purpose of facilitating the rendering of professional legal services to you. We will preserve the confidentiality of all such information unless otherwise required by law.

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone:</i>	<i>Cell Phone:</i>	<i>Email Address:</i>
<i>Best Method of Contact:</i>		

Please indicate the type of case for which you need assistance (See following page for detailed explanations):

- | | |
|---|--|
| <input type="checkbox"/> <i>Child Support Conference (Defendants only)</i>

<input type="checkbox"/> <i>PFA (First Hearing/Defendants only)</i>

<input type="checkbox"/> <i>Bankruptcy (Chapter 7 only)</i>

<input type="checkbox"/> <i>Estate Planning</i> | <input type="checkbox"/> <i>Custody Conference (Defendants only)</i>

<input type="checkbox"/> <i>Simple Uncontested Divorce</i>

<input type="checkbox"/> <i>Collections (Defendants only)</i>

<input type="checkbox"/> <i>Unemployment Compensation</i> |
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<i>Please give a brief description of your legal matter:</i>	
<i>When is your court date (if applicable)?</i>	
<i>What is the name of other party involved?</i>	
<i>Have you already consulted another attorney?</i>	
<i>If yes, what is the other attorney's name?</i>	
<i>Reason you are looking for another attorney.</i>	

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First Name	Middle Initial	Last Name
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Pricing for Legal Representation and Preparation

Family Law:

- Child Support (Defendants Only)

Conference **\$150.00**

Hearing **\$60.00 per hour**
- Child Custody (Defendants Only)

Conference **\$150.00**
- Uncontested Divorce (Defendant easily available for service)

\$275.00 + costs
- PFA (Defendants Only)

First Full Hearing **\$250.00**

Bankruptcy and Collection:

- Chapter 7 Bankruptcy

\$500.00 + costs
- Collection Defense

\$60.00 per hour

**Estate Planning:*

- Simple Wills (includes specific bequests & simple/standard minors' trust)

\$65.00

Husband/Wife **\$110.00**
- Powers of Attorney

\$50.00
- Health Care Powers of Attorney and Living Wills

\$65.00

**Husband and Wife packages are 1 ½ times the single rate*

Employment Law:

- 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. _____ *Client Initials*

Eligibility Guidelines

(The amounts shown are monthly amounts of gross income)

Persons in Family	Monthly Income Guidelines
1	\$1,828
2	\$2,464
3	\$3,100
4	\$3,736
5	\$4,372
6	\$5,008
7	\$5,644
8	\$6,267
<i>For families with more than 8 persons, add \$636 for each additional person.</i>	

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How many people live in your household (including yourself)? _____

Do you own or rent your home? Rent Own

Do you have a checking or savings account? Checking Savings

If so, what is your current balance in each? _____

Make and Model of each vehicle owned, leased or financed:

1. _____ Estimated Value: \$ _____

2. _____ Estimated Value: \$ _____

3. _____ Estimated Value: \$ _____

Income (per month)

Wages: \$ _____

Spousal Support: \$ _____

Child Support: \$ _____

Veteran's Benefits: \$ _____

Unemployment: \$ _____

SSI/SSD: \$ _____

Public Assistance/Other Aid: \$ _____

Retirement/Investment Income: \$ _____

Other Income (please specify): \$ _____

Total Income: \$ _____

Expenses/Debt (per month)*

Medical**: \$ _____

Child Care***: \$ _____

Transportation****: \$ _____

Spousal Support/Alimony: \$ _____

Child Support: \$ _____

Total Expenses: \$ _____

**Others in Household Receiving Income:
(Please indicate relationship & income source)**

Relationship/Source: Amount:

Total of Other's Income: \$ _____

Ordinary expenses that most people have (such as rent, food, utilities) are considered in the basic income calculations and should not be listed here. Other personal and discretionary expenses such as car payments, car insurance, and credit card debts are not considered under our guidelines. ** "Medical" refers to medical expenses that are not covered by insurance. * "Child Care" refers to costs incurred while a parent is at work. **** "Transportation" refers to basic transportation costs to get to and from work (ie: bus tickets, gas, etc.)*

I, _____, verify that the information provided in the foregoing application is true and correct to the best of my knowledge, information and belief. I further verify that all documents submitted have not been falsified or altered in any way. I am aware that should any information be found to be false, I will no longer qualify for the Modest Means Program. Therefore, I will be responsible for immediate payment of all services rendered at the attorney's regular hourly rates.

Signature: _____	Date: _____
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<p style="text-align: center;">OFFICE USE ONLY:</p> <p>INCOME – EXPENSES= \$ _____ (subtract basic standards at this level)</p> <p>NOTES: _____</p>	<p>ELIGIBLE: YES NO</p> <p>STAFF INITIALS: _____</p>
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