



# MONMOUTH BAR ASSOCIATION

## REDUCED FEE PROGRAM

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

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you used the RFP Before? Yes \_\_\_ No \_\_\_ How long at current address?

Are you presently working? Yes \_\_\_ No \_\_\_ Length of employment: \_\_\_\_\_

Employer/Name/Address: \_\_\_\_\_

Marital Status: (check one) Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_

Spouse's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Number of persons living in household: \_\_\_\_\_ Number of dependents and ages: \_\_\_\_\_

### **INCOME:**

Do you receive/have any of the following (check all that apply):

1) Salary Yes \_\_\_ No \_\_\_ Annual Amount \_\_\_\_\_ Amount Per Month \_\_\_\_\_

2) Spouse Salary Yes \_\_\_ No \_\_\_ Annual Amount \_\_\_\_\_ Amount Per Month \_\_\_\_\_

3) Child Support Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

4) Alimony Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

5) Social Security Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

6) TANF Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

7) Unemployment Benefits Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

8) Disability Benefits Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

9) Other Income Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

### **ASSETS:**

Please list your assets: Checking Account Yes \_\_\_ No \_\_\_ Balance \_\_\_\_\_

Savings Account Yes \_\_\_ No \_\_\_ Balance \_\_\_\_\_

Automobile Own \_\_\_ Lease \_\_\_ Monthly Payment \_\_\_\_\_ Make/Model/Year \_\_\_\_\_

Stocks/Bonds Yes \_\_\_ No \_\_\_ Attach a list of each & value

Own Property Yes \_\_\_ No \_\_\_ Monthly Mortgage Payment \_\_\_\_\_

Other Assets Yes \_\_\_ No \_\_\_ Attach a list of each



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### **TYPE OF MATTER:**

Please choose the area of concern:

#### **CRIMINAL**

- Criminal
- Criminal/Juvenile
- \* (no first or second degree offenses for criminal or juvenile)
- Expungement
- Domestic Violence
- Municipal Court
- Municipal Court (DWI)
- Weapons/Civil Forfeiture
- Post Conviction Relief (Municipal only)
- Municipal Appeals
- Megan's Law Termination

#### **CIVIL**

- Child Support Reduction/Increase
- Custody Dispute
- Contested Divorce
- Uncontested Divorce
- Post Judgment Enf. Ord
- Foreclosure (Defense)
- Landlord/Tenant (Tenant Only)
- Name Change
- Small Claims
- Special Civil Part
- Tort Defense
- Unemployment Appeal
- Wills
- Bankruptcy

### **PLEASE READ THE FOLLOWING AND SIGN AND DATE THE APPLICATION**

1. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I will not be accepted for attorney representation through the Monmouth Bar Association's Reduced Fee Program.
2. I understand that at the attorney's request I am required to provide documentation (pay stubs, tax return and/ or bank statements to determine eligibility).
3. I understand that I must inform my attorney of any significant changes in my financial circumstances and that if I become ineligible for services through the RFP due to a change in my financial circumstances my attorney will no longer be obligated to provide service at a reduced fee. In that event I am free to enter into a new agreement with the attorney or retain another attorney.
4. I understand that I must pay a \$30 application fee to participate in the RFP and that payment shall be in money order or by credit card and shall be due and payable to The Monmouth Bar Association prior to or at the time the application is processed.
5. I understand that before any legal services are provided to me through the Reduced Fee Program I must sign this agreement in the space provided below, and sign required Retainer Agreement provided to me by Panel Attorney.
6. I understand that the Monmouth Bar Association has not promised or guaranteed representation by any Panel Attorney nor has guaranteed the outcome of my matter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_