

Carbon County Bar Association
Lawyer Referral Service

Modest Means Program

- This is NOT a free service
- There are NO attorneys on Staff

The Modest Means Program provides the client with a half-hour consultation with an attorney (if available) for a \$25.00 fee. If you decide to retain the attorney after the initial half-hour consultation, the fees are then charged at a reduced rate.

The Modest Means staff will determine eligibility. Please complete the intake form and we will contact you within one business day if you are eligible for our service. If you do not qualify, we can refer you to an attorney as part of the Lawyer Referral service.

Since attorneys are limited, please consult with the staff to determine if we have an attorney for your legal need.

The \$25.00 fee is non-refundable and is payable by cash, money order or through Paypal.

Upon completion of the intake form, please include the \$25.00 fee, as well as two consecutive pay stubs per working person in the household and proof of any other income (i.e. child support, social security, unemployment, etc.)

*******NOTE*******

If you plan to file a Petition for Waiver of Costs, you cannot utilize the Lawyer Referral Service or Modest Means Program.

Carbon County Bar Association
Modest Means Program

Mission: The mission of the Modest Means Program (MMP) is to provide legal services at a substantially reduced rate to individuals who fall within the financial guidelines of the MMP (200% of the Federal Poverty Guidelines)

Overview: The MMP is a program to help clients who do not qualify for legal aid through North Penn Legal Services (NPLS), but cannot afford an attorney at regular attorney fees. The client will complete an intake form to determine eligibility for MMP. IF they qualify, they will be referred to an attorney who is a member of the program and will receive representation or have documents prepared at a reduced rate – determined by the MMP. Clients who do not qualify will be referred out through the Lawyer Referral Service (LRS) as a normal procedure of the service.

2017 Eligibility Guidelines

(Amounts shown are monthly amounts of gross income)

Persons in Family	200% of Poverty Guideline
1	\$2,010
2	\$2,707
3	\$3,403
4	\$4,100
5	\$4,797
6	\$5,493
7	\$6,190
8	\$6,887
For families with more than 8 persons, add \$349 for each additional person.	

Pricing for Legal Representation and Preparation

Family Law

- | | | |
|--|--------------------|-------------------------------|
| - Child Support | Conference Hearing | \$150.00
\$ 60.00 per hour |
| - Child Custody | Conference Hearing | \$150.00
\$85.00 per hour |
| - Uncontested Divorce (Defendant easily available for service) | | \$275.00 |
| - PFA | First Full Hearing | \$250.00 |

Bankruptcy and Collection

- | | | |
|------------------------|--|-------------------|
| - Chapter 7 Bankruptcy | | \$500.00 |
| - Collection Defense | | \$ 60.00 per hour |

Estate Planning

- | | | |
|---|----------------|----------|
| - Simple Wills (includes specific bequests & simple/standard minor's trust) | | \$ 75.00 |
| | Husband & Wife | \$125.00 |
| - Powers of Attorney | | \$ 40.00 |
| - Health Care Powers of Attorney and Living Wills | | \$ 75.00 |

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

Employment Law

- | | | |
|-----------------------------|--|----------|
| - Unemployment Compensation | | \$250.00 |
|-----------------------------|--|----------|

Criminal

- | | | |
|------------------------|---------|-------------------|
| - MV & Summary Offense | Hearing | \$125.00 |
| - Misdemeanor | | \$ 60.00 per hour |

THE FEES LISTED ABOVE ARE **NOT** INCLUSIVE OF THE COURT COSTS AND FILING FEES THAT MAY BE APPLICABLE. ALL COURT COSTS AND FILING FEES WILL BE AT YOUR (THE CLIENT) EXPENSE AND WILL BE **IN ADDITION** TO THE ATTORNEY FEES LISTED ABOVE. BE SURE TO DISCUSS THE POTENTIAL COURT COSTS AND FILING FEES WITH YOUR ATTORNEY

**Carbon County Bar Association
MODEST MEANS PROGRAM**

Intake Form

Please print clearly and fill out the application completely. Fax, email or mail your completed application to: fax: (610) 379-4952, carbonba@ptd.net, or mail to: 811 Blakeslee Blvd. Drive East, Suite 130, Lehighton, PA 18235

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.

First Name	M.I.	Last Name	
Address			
City		State	Zip Code
Home Phone:	Cell Phone:	Email Address:	
Best Method of Contact:			

Please indicate the type of case for which you need assistance.

- | | |
|--|--|
| <input type="checkbox"/> Child Support Conference | <input type="checkbox"/> Custody Conference |
| <input type="checkbox"/> PFA (First Hearing – Defendants only) | <input type="checkbox"/> Simple Uncontested Divorce |
| <input type="checkbox"/> Bankruptcy (Chapter 7 only) | <input type="checkbox"/> Collections (Defendants only) |
| <input type="checkbox"/> Estate Planning (simple wills, POA, living wills) | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Criminal (MV & Summary Offense, Misdemeanor) | |

Please give a brief description of your legal matter:	
When is your court date? (if applicable)	
Name of other party involved?	
Have you consulted another attorney?	
If yes, what is the other attorney's name?	
Reason you are looking for another attorney?	

**Carbon County Bar Association
MODEST MEANS PROGRAM
Financial Intake Form**

First Name	M.I.	Last Name
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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? (C) _____ (S) _____

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

1. _____ Estimated Value: \$ _____
2. _____ Estimated Value: \$ _____

<p>Income (per month)</p> <p>Wages: \$ _____</p> <p>Spousal Support: \$ _____</p> <p>Child Support: \$ _____</p> <p>Veterans Benefits: \$ _____</p> <p>Unemployment: \$ _____</p> <p>SSI/SSD \$ _____</p> <p>Public Assistance \$ _____</p> <p>Retirement/Investment Income: \$ _____</p> <p>Other Income: \$ _____ (please specify type) _____</p> <p>Total Income \$ _____</p>	<p>Expenses (per month)*</p> <p>Medical**:</p> <p>Child Care***:</p> <p>Transportation****:</p> <p>Spousal Support/Alimony:</p> <p>Child Support:</p> <p>Total Expenses:</p> <p>Others in Household Receiving Income: (Please indicate relationship & income source)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Relationship/Source</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>Total of Other's Income: \$ _____</p>	Relationship/Source	Amount	_____	\$ _____	_____	\$ _____
Relationship/Source	Amount						
_____	\$ _____						
_____	\$ _____						

* 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 (i.e. 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 rates.

Signature: _____	Date: / /
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Upon completion of this intake form, please include the \$25.00 consultation fee, as well as three consecutive pay stubs per working person in household and proof of all other income (child support, social security, unemployment etc.)
Please note: Your application will NOT be processed without payment or all required documentation.

<p style="text-align: center;"><i>OFFICE USE ONLY</i></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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