

**MORRIS/SUSSEX VICINAGE
REDUCED FEE REFERRAL PROGRAM
MORRIS COUNTY BAR ASSOCIATION LRS**

CLIENT APPLICATION AND CERTIFICATION OF ELIGIBILITY

Date: _____ Have You Used the RFP Before? Yes No
 Referred By: _____ Attorney Referral: _____
 Name: _____ Attorney Phone: _____
 Addr: _____
 City: _____ Date of Birth: _____
 State: _____ Zip: _____ Phone: _____ How long at current address? _____
 Are you presently working? Yes___ No___ Length of Employment: _____
 Employer/Name/Address: _____
 Marital Status: Are you (check one) Married?___ Separated?___ Divorced?___ Single?___
 Spouse's Name: _____ Address: _____
 Employer: _____ Number of Persons Living in Household: _____

Do you receive/have any of the following:

1) Salary (circle one)	Yes___	No___	Amount per month	Amount _____
2) Spouse's Salary (circle one)	Yes___	No___		Amount _____
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 _____

Please list your assets:

Checking Account	Yes___	No___	Balance _____
Savings Account	Yes___	No___	Balance _____
Automobile	Own___/Monthly Payment	Lease___/Monthly Payment	Make/Model/Year
Stocks/Bonds	Yes___	No___	Attach a list each & value
Own Property	Yes___	No___	Monthly Mortgage Payment _____
Other Assets	Yes___	No___	Attach a list of each

Please Choose the area of concern:

- | | |
|----------------------------------|---------------------------------|
| Bankruptcy (Chapter 7 & 13 Only) | Foreclosure (Defense Only) |
| Criminal | Landlord/Tenant (Tenant Only) |
| Criminal (Juvenile) | Municipal Court Traffic |
| Expungement | Municipal Court 2C Offenses |
| Child Visitation | Municipal Court (DWI) |
| Child Support Reduction/Increase | Name Change |
| Uncontested Child Relocation | Small Claims |
| Uncontested Divorce | Special Civil Part |
| Domestic Violence | Tort Defense |
| Immigration Consultation | Unmarried Child Support/Custody |
| Post Judgment Enforcement | Unemployment Appeal |
| Advanced Directive POA | Will |
| Child Abuse & Neglect (DCP&P) | Guardianship |
| Estate Litigation | |

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 MCBA/SCBA's Reduced Fee Panel 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 Morris County 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.

6. I understand that the MCBA has not promised or guaranteed representation by the referred attorney nor has the MCBA guaranteed the outcome of my matter.

Applicant Signature: _____

Date: _____

Please return this form to:
The Morris County Bar Association
40 Maple Avenue, Unit 2W
Morristown, NJ 07960
Phone: 973-267-6089
Fax: 862-579-2014
Or scan and email to
assistant@morriscountybar.com

