



704 Main Street / Martinez, CA 94553

925-686-6900 / FAX 925-686-9867 / www.cccbba.org

MODERATE MEANS PROGRAM

Dear Prospective Moderate Means Applicant:

The Moderate Means program was created to help moderate income persons who have family law issues in Contra Costa County find affordable legal assistance. Enclosed you will find a Moderate Means Program Application and related program information. The application must be completed and returned for further consideration of your acceptance into the Moderate Means Program. Please review, complete and return the application and copies of pay stubs along with the non-refundable application fee of \$40.00 to the address on the application.

If you qualify, we will send you the name and phone number of one participating family law attorney. This attorney has agreed to meet with Moderate Means clients for a free 30 minute consultation. If the attorney takes your case you will be charged fees based on your income (please see enclosed information on income qualifications and corresponding attorneys' fees). Acceptance into the Moderate Means Program does not require you to hire the attorney with whom you are scheduled to meet, **nor does it create any obligation for the attorney to take your case.**

Should you wish to receive another attorney referral for any reason other than a conflict of interest, you must reapply to the program and pay the \$40 non-refundable processing fee for an additional referral (only one additional referral is allowed).

If you do hire an attorney through the Moderate Means Program, you will be asked to pay a retainer (deposit against fees) up front. You will also be responsible for any court fees and other direct costs, such as long-distance phone charges and photocopying expenses. Once scheduled for an appointment, please discuss any rescheduling needs, follow-up appointments or billing matters directly with the attorney. The Moderate Means Program will not address these issues.

Please remember that **Moderate Means is not a legal aid program.** You must have sufficient resources to pay for any services you receive. If you are unable to pay these fees or do not qualify for the Moderate Means Program we recommend that you contact Bay Area Legal Aid at 1(800) 551-5554.

Thank you very much for your interest in the program. We look forward to hearing from you shortly. If you have specific questions regarding completion of your application, please contact us directly at (925) 677-0234.

Yours truly,

Barbara Tillson
Moderate Means Program Coordinator



MODERATE MEANS PROGRAM

ELIGIBILITY:

1. The Moderate Means Panel only accepts family law cases.
2. The case must have jurisdiction in Contra Costa County. The applicant does not have to reside in this county as long as the legal matter has jurisdiction in Contra Costa County.
3. Applicants are not eligible if they have assets in excess of \$5,000 per family, excluding the family's principal residence and retirement accounts.
4. If the applicant's assets exceed or fall below the guidelines listed in the table below, the applicant shall not be deemed eligible for a Moderate Means Program referral.
5. Moderate Means Program staff shall have the discretion to obtain, and the applicant shall be required to provide, documentation from the applicant relative to income and/or assets. If the applicant does not submit the required information within 30 days of the date that the application was received by the program, the case will be closed.
6. In order to be accepted into the program, applicants cannot qualify for Bay Area Legal Aid services or other low-income legal services.
7. If your income level falls below the guidelines you have the option to have a co-signer for the application. By co-signing on the application that person agrees to pay the attorney's fees if the applicant is unable to do so. The cosigner is also required to provide all the supporting financial and personal documentation that is required from the applicant.

INCOME QUALIFICATION GUIDELINES:

The applicant's income (as verified by 6 weeks of pay stubs and other requested financial documentation) must fall within the guidelines listed below to be considered for the Moderate Means Program*:

# of person(s) in Household	Level One Gross Monthly Income**	Level Two Gross Monthly Income
1 person	\$923 -- \$ 1,711	\$1,712 -- \$2,500
2 persons	\$1,244 -- \$2,184	\$2,185 -- \$3,125
3 persons	\$1,565 -- \$2,658	\$2,659 -- \$3,750
4 persons	\$1,885 -- \$3,130	\$3,131 -- \$4,375
5 persons	\$2,206 -- \$3,653	\$3,654 -- \$5,000

If additional family members add \$321 for each

* Child support received is not calculated in the monthly income range.

** The minimum qualifications under Level One are the maximum qualifications for Bay Area Legal Aid.

FEES:

Applicants shall pay a \$40.00 *non-refundable* application processing fee to the CCCBA Moderate Means Panel. If you qualify and are accepted into the Moderate Means Program, you will have an initial 30-minute consultation with the assigned attorney. There is no charge to the client for this consultation. If the attorney accepts your case and you decide to hire the attorney, the Moderate Means Panel attorney has agreed to charge no more than the following fees for Level One and Level Two Clients (Level One and Level Two are defined by income in the table above):

	Level One Clients	Level Two Clients
Hourly Fees	\$40 - \$80	\$80 - \$125
Retainer Fee	\$500 - \$650	\$650 - \$800



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MODERATE MEANS PROGRAM
Client Application and Contract:

(Please print clearly)

For Office Use Only: Income Level:	Date Received:	Case ID Number:
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2		

GENERAL INSTRUCTIONS

1. The application must be completed in full.
2. Include the \$40 non-refundable processing fee.
3. Attach a copy of your paystubs from the last six weeks.
4. Any additional financial information you feel is relevant.

PETITIONER

First Name:	Last Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Date of Birth: / /
Home Phone: ()	Cell Phone: ()	E-Mail:	
Address:		Apartment #:	
P.O. Box:	City:	State:	Zip Code:

PETITIONER EMPLOYMENT INFORMATION

Position:	Company:	Name of Supervisor:	
Address:		Suite:	Work Phone: ()
P.O. Box:	City:	State:	Zip Code:
Start Date:	Gross pay last year (before taxes):	Bonus last year:	
Current gross monthly income (before taxes): \$		Number of people supported by this income (including yourself):	
Do you have income from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current gross monthly income from other sources: \$	

FAMILY INFORMATION

People supported solely by applicant's income (or household income if current spouse/partner's income is applicable) - Attach a separate sheet of paper if needed.

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP
1			
2			
3			
4			
5			
6			

Number of children from prior relationships:	Number of children that live with you:	Support that you pay: \$	Support that you receive: \$
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SPOUSAL OR PARTNER INFORMATION (If not opposing party)

First Name:	Last Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Date of Birth: / /
Home Phone: ()	Cell Phone: ()	E-Mail:	
Address:		Apartment #:	
P.O. Box:	City:	State:	Zip Code:

SPOUSAL OR PARTNER EMPLOYMENT INFORMATION

Position:	Company:	Name of Supervisor:	
Address:	Suite:	Work Phone: ()	
P.O. Box:	City:	State:	Zip Code:
Start Date:	Gross pay last year (before taxes):	Bonus last year:	
Current gross monthly income (before taxes): \$	Number of people supported by this income (including yourself):		
Does your spouse/partner have income from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current gross monthly income from other sources: \$		

OPPOSING PARTY INFORMATION

(The person with whom you have the legal dispute. Try to complete this section to the best of your ability)

First Name:		Last Name:		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Date of Birth: / /
Home Phone: ()		Cell Phone: ()		E-Mail:	
Address:				Apartment #:	
P.O. Box:	City:	State:	Zip Code:		

OPPOSING PARTY EMPLOYMENT INFORMATION

Position:		Company:		Name of Supervisor:	
Address:			Suite:	Work Phone: ()	
P.O. Box:	City:	State:	Zip Code:		
Current gross monthly income (before taxes): \$			Number of people supported by this income:		
Does the opposing party have income from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			Current gross monthly income from other sources: \$		

OPPOSING PARTY ATTORNEY INFORMATION

First Name:		Last Name:		Law Firm:
Address:			Suite:	Phone: ()
P.O. Box:	City:	State:	Zip Code:	

PAYMENT INFORMATION (circle one) - We do NOT accept personal checks

MONEY ORDER	VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
Credit Card No.			Expiration Date	
Name as it appears on the credit card:				
Billing Address:			Apartment #:	
P.O. Box:	City:	State:	Zip Code:	



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**MODERATE MEANS PROGRAM
 CO-SIGNER ADDENDUM**

(To be completed ONLY if applying with a co-signer)

For Office Use Only: Income Level:		Date:	
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2			
GENERAL INSTRUCTIONS			
Both the Co-signer and applicant must supply copies of their last 6-weeks of pay stubs along with copies of W-2 forms and taxes (1040s) from the last two years.			
CO-SIGNER			
First Name:	Last Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Date of Birth: / /
Social Security Number:	E-mail Address		
Home Phone: ()	Cell Phone: ()	Pager: ()	
Address:		Apartment #:	
P.O. Box:	City:	State:	Zip Code:
CO-SIGNER'S EMPLOYMENT INFORMATION			
Position:	Company:	Name of Supervisor:	
Address:		Suite:	Work Phone: ()
P.O. Box:	City:	State:	Zip Code:
Start Date:	Gross pay last year (before taxes):	Bonus last year:	
Current gross monthly income (before taxes): \$		Number of people supported by this income (including yourself):	
Do you have income from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current gross monthly income from other sources: \$	
AGREEMENT			
The undersigned co-signer agrees that he/she shall be a guarantor of the undersigned client's fees and costs and shall fully pay the same in the event of nonpayment by the client. The undersigned co-signer has read, understood, and agrees to be bound by the same terms and conditions as stated in the Moderate Means Program guidelines and in the attorney fee agreement as it applies to the client.			
Furthermore, the attorney/client privilege only applies to the client (applicant), not the co-signer. Unless expressly authorized by the client, the co-signer has no right to specific and/or confidential information regarding the client.			
Co-signer			
Signed:		Date:	
Client / Applicant			
Signed:		Date:	

STATEMENT OF UNDERSTANDING:

I understand that prompt completion of this form is very important to the processing of my request for attorney representation through the Contra Costa County Bar Association (CCCBA) Moderate Means Program. There is no guarantee of placement. My information will be reviewed and I will be notified of my acceptance or rejection into the program via U.S. mail. I understand and accept that I must include the \$40.00 non-refundable processing fee with my application (payable by money order or Visa/MasterCard/ Discover/American Express). My request will not be processed without this fee.

1. I understand and accept that the CCCBA Moderate Means Program is not a legal services agency.
2. I understand and accept that CCCBA Moderate Means Program cannot guarantee acceptance of my case into the Program.
3. I understand and accept that if my application is accepted, the CCCBA Moderate Means Program will make a reasonable effort to place my case with an attorney. I understand that placement is not guaranteed.
4. I understand and agree that I will be representing myself until I am placed with an attorney. I understand and agree that I am responsible for attending any court hearings, filing or responding to any outstanding motions and requesting any needed continuances.
5. I understand and accept that there has been no agreement by anyone employed by or volunteering for CCCBA Moderate Means Program to represent me in this matter. I also understand and accept that the attorneys on the CCCBA Moderate Means Panel are not employees of CCCBA.
6. I understand and accept that the people at the CCCBA Moderate Means Program who assist me are not attorneys and cannot give legal advice. If I need legal advice I will consult an attorney on my own.
7. I agree to stay in touch with the CCCBA Moderate Means Program. I agree to keep them informed of any changes in my address or phone number. Furthermore, I agree to respond to calls and written correspondence from the CCCBA Moderate Means Program staff. I understand and accept that if I fail to provide my new phone number or address within a 30 day period my file will be closed.
8. I agree to fully cooperate with the CCCBA Moderate Means Program and I understand that I must fully disclose my financial information to determine eligibility. I understand and accept that should I fail to fully cooperate or if I do not meet the income eligibility I will not be referred to an attorney.
9. I understand and accept that qualification for the Moderate Means Program is based on the information I have supplied and/or other documentation received by the program. I further understand that qualification for the Moderate Means Program may be re-evaluated once additional information is obtained. Upon receipt of such information, my status may be reviewed. If it is determined by the program that I no longer qualify, I agree to either accept continued representation by the panel member attorney at that attorney's normal rate of compensation **or** immediately substitute out the panel member attorney, (i.e. terminate the attorney/client relationship).

10. I understand that I may terminate the services of the CCCBA Moderate Means Program at any time and hire my own private attorney. I understand and accept that if I terminate the services of the CCCBA Moderate Means Program or my attorney, I will not be placed with another attorney unless I choose to re-apply to the program and pay another \$40 non-refundable processing fee.
11. I understand and accept that should I wish to receive another attorney referral for any reason other than a conflict of interest, I must reapply to the program and pay the \$40 non-refundable processing fee for an additional referral. I also understand and accept that I will only have the right to one additional referral.
12. I understand and accept that if in the period of one month my case could not be assigned to a lawyer for whatever reason, the case will be automatically closed.
13. I understand and accept that if my application is incomplete, I will have one month to provide the missing information. I understand and accept that if in this time period, the Moderate Means Program does not receive the necessary documentation the case will be closed and I will have to apply again with an additional \$40 processing fee.
14. I understand and accept that the Moderate Means Program reserves the right to accept or decline any client or case solely within its discretion.
15. I understand and accept that if I am expelled from the program, I cannot participate in any other Moderate Means program offered by the CCCBA.
16. I understand and agree that if my situation changes I will inform the Moderate Means Program within 30 days for reevaluation.
17. I understand and accept that if I have a cosigner, I must complete the attached co-signer addendum.

My signature below certifies that I have read this Statement of Understanding, or it has been read to me, and I both understand and agree to the contents and requirements within.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

If you received help in completing this application or had this Statement of Understanding read to you, the following information must be completed by the person assisting you:

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

ORGANIZATION: _____

PHONE: _____