



704 Main Street / Martinez, CA 94553  
 925-686-6900 / FAX 925-686-9867 / www.cccbba.org

**MODERATE MEANS PROGRAM - FAMILY LAW**

**Client Application and Contract:**

(Please print clearly)

<b>For Office Use Only:</b> 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) - MUST include CHECK or MONEY ORDER if not using credit/debit card**

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:	



**FINANCIAL DISCLOSURE STATEMENT:  
INCOME:**

1.    a.        My only source of income is TANF, SSI or GA/GR  
       b.        I have applied for TANF, SSI, or GA/GR
  
2.    My current gross income (*before taxes*) per month is ..... \$ \_\_\_\_\_
  
3.    This income comes from the following:
  - a.        Salary/Wages: Amount before taxes per month..... \$ \_\_\_\_\_
  - b.        Retirement: Amount before taxes per month..... \$ \_\_\_\_\_
  - c.        Unemployment Compensation: Amount per month \$ \_\_\_\_\_
  - Workers' compensation: Amount per month..... \$ \_\_\_\_\_
  - Social Security:  SSI  Other Amount per month..... \$ \_\_\_\_\_
  - Disability: Amount per month ..... \$ \_\_\_\_\_
  - Interest Income: Amount per month ..... \$ \_\_\_\_\_
  - Other: Pensions, spousal support, stock, trusts, etc..... \$ \_\_\_\_\_
  
4.    I pay the following monthly expenses:
  - Day Care or preschool ..... \$ \_\_\_\_\_
  - Health Care not paid for by insurance ..... \$ \_\_\_\_\_
  - School, education or other special needs of children ..... \$ \_\_\_\_\_
  
5.    I spend the following average monthly amounts (*please attach proof*):
  - Job related expenses not paid by employer..... \$ \_\_\_\_\_
  - Required Union dues..... \$ \_\_\_\_\_
  - Transportation..... \$ \_\_\_\_\_
  - Health insurance costs..... \$ \_\_\_\_\_
  - Child support I am paying for children not living with me. \$ \_\_\_\_\_
  - Spousal support I am paying ..... \$ \_\_\_\_\_
  - Monthly housing costs:  Rent or  Mortgage ..... \$ \_\_\_\_\_

**ASSETS:**

- Real Estate Owned/Fair Market Value..... \$ \_\_\_\_\_
- Savings, Checking, Credit Union, Cash..... \$ \_\_\_\_\_
- Retirement, Pension, Annuities..... \$ \_\_\_\_\_
- Partnerships, other business interests..... \$ \_\_\_\_\_
- Other Assets:..... \$ \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_  \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

## 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: \_\_\_\_\_