

Moderate Means Request for Participation Application

Thank you for your interest in the Moderate Means program of the Contra Costa County Bar Association. Please complete the application and submit 4 current paystubs in PDF form, when possible. If you are self-employed, please submit a copy of your last two years' tax returns, including Schedule C, along with a current Profit and Loss Statement. If you receive unemployment or SSI/SSDI, please submit a copy of your monthly benefit statement, along with a description of how you will pay the attorneys' fees. Do not send original documents, paperwork sent to the program will not be returned.

To submit applications:

- Scan and email to: moderatemeans@cccba.org
- U.S. Mail to: CCCBA, 2300 Clayton Road, #520, Concord, CA 94520

If a family member or friend is paying for your legal expenses, they will need to sign a Moderate Means Co-signer Agreement, sent to you upon request.

A non-refundable \$40 application fee is due along with your application. Please be aware that you will need to prepay a \$1,500 retainer fee to your attorney to get your case started. The attorney has the right to ask for more money once the retainer is exhausted or below a certain dollar amount. The attorney's fees are \$150 per hour. Please allow up to two weeks to process your completed application, signed waiver and documents.

Client Information

*Denotes required field

Date

First Name*

Last Name*

Address: *

City: *

State*

Zip Code: *

Telephone: *

E-Mail: *

Case # (if known):

On what date are you scheduled to respond and/or go to court?

Who is the other party's attorney?

What paperwork or proceedings have been filed? Please list.

Do you have a Request for Order (RFO) on the Calendar? If so, what is the date?

Is this a post-judgement motion?

Yes No

Have you used an attorney for this case in the past?

Yes No

If yes, who?

Your Marital Status *

| | | | |
|---------|---------|----------|-----------|
| Single | Married | Divorced | Separated |
| Widowed | | | |

Current Spouse Information (if applicable)

First Name: *

Last Name:*

Address:

City:

State:

Zip Code:

Telephone:

Email:

Types of Cases:

Please check the type of case you have. Please be aware that each issue requires a separate agreement between you and the attorney.

- | | |
|---|---|
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Legal Separation |
| <input type="checkbox"/> Child Custody (No CPS cases) | <input type="checkbox"/> Mandatory Settlement Conferences |
| <input type="checkbox"/> Child and Spousal Support issues to include requests for, modification of or opposition to support | <input type="checkbox"/> Move Away Order |
| <input type="checkbox"/> Department of Child Support Services (DCSS) | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Settlement Agreements |
| <input type="checkbox"/> Evidentiary Hearings | <input type="checkbox"/> Trials |
| | <input type="checkbox"/> Temporary/Permanent Restraining Orders (Domestic Violence) |
| | <input type="checkbox"/> Visitation Rights |

Dependents (# of Dependents)

Please list all dependents names, ages and relationship below:

Name: Age: Relationship:

Name: Age: Relationship:

Name: Age: Relationship:

Name: Age: Relationship:

Please attach a separate page if you have more than 4 dependents.

Others living in the household:

Name: Supporting them?: Relationship:

Name: Supporting them?: Relationship:

Please attach a separate page if you have more than 2 other individuals living in your household.

Income

Please list all monthly income resources. If you are remarried, you must include your spouse's income.

Are you active-duty military? * Yes No

Is your spouse active-duty military? Yes No

Are you employed?* Yes No

Gross Income (before taxes and deductions):

Spouse's income:

SSI/SSDI: Amount:

Unemployment Income: Amount:

Pension or Retirement Income: Amount:

Veterans Benefits: Amount:

Other Income: Amount:

Total Income:

Expenses:

Please list monthly expenses below:

| | |
|----------------------------|----------------------|
| Rent or Mortgage: | <input type="text"/> |
| Child Care: | <input type="text"/> |
| Child Support: | <input type="text"/> |
| Spousal Support: | <input type="text"/> |
| Utilities: | <input type="text"/> |
| Telephone: | <input type="text"/> |
| Gas: | <input type="text"/> |
| Food: | <input type="text"/> |
| Medical Expenses: | <input type="text"/> |
| Car Payments: | <input type="text"/> |
| Loans: | <input type="text"/> |
| Credit Cards: | <input type="text"/> |
| Wage Garnishments: | <input type="text"/> |
| Other expenses not listed: | <input type="text"/> |
| Total Expenses: | <input type="text"/> |

Assets:

Please list all assets below:

Real Estate: (Current estimated market value of home)

Additional real estate owned

Personal Property owned: (RV, boat, motorcycle,
jet skis, car (excluding personal vehicle))

Stocks, bonds and certificates: (Current value)

Savings or cash on hand *

Other assets not listed

Total Assets

\$40 Application Fee:

Payable by check or money order (make out to LRIS)
Mail to: LRIS, 2300 Clayton Road #520, Concord, CA 94520

Debit or Credit Card

Card Number

Expiration Date CV Code

Card Owner Name

Moderate Means Code of Conduct & Client Agreement
(Please initial each section and sign the completed form)

1. *CCCBA Moderate Means Program is not a legal services agency. I will not receive free legal services through this placement. I will be responsible to pay attorney fees for all services of the attorney.
2. *CCCBA Moderate Means program will make a reasonable effort to place my case with an attorney. **PLACEMENT IS NOT GUARANTEED.**
3. *I will be representing myself until I am placed with an attorney. I am responsible for everything in my case until I sign an agreement with an attorney to represent me.
4. *The staff at the CCCBA Moderate Means program who assist me are not attorneys and cannot give legal advice.
5. *Attorneys on the Moderate Means panel are not employees of the CCCBA.
6. *I must treat CCCBA staff and referred attorneys with dignity, respect and courtesy.
7. *I must not engage in offensive language or behavior toward CCCBA staff or attorneys. If I do so, I will immediately be barred from the program.
8. *I must be truthful on the Moderate Means application. If I am not, I will be barred from the program.
9. *I agree and hereby give the CCCBA permission to release copies of the documentation and information they provide to the CCCBA to qualify for the program to the attorney to ensure that I indeed qualify for the Moderate Means program.
10. *I understand that I will be required to pay additional monies to the attorney which shall be determined by the attorney once the initial deposit becomes low or exhausted. I must agree to keep all payments up to date for the attorney to continue working on my case.
11. *If I qualify for the program, I will be referred to a Moderate Means attorney. If I decide that I do not want to retain the services of the attorney, I will be referred to another attorney. Please be aware that the program will only refer to a maximum of two attorneys.

12. *If I have an issue or problem with an attorney, I must contact the LRIS program as soon as possible. **All complaints must be in writing.**
13. *If my attorney and I have a disagreement about strategy, I have the right to seek new representation. Please be aware that only one more attorney will be referred through the program. If I am still dissatisfied, I will seek representation independently.
14. *If 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.
15. *If I decide to terminate the services of the attorney, I must make sure I have a completed a "Substitution of Attorney" document filed with the court. Also, I must not be delinquent on the bill with the hired attorney. The program cannot refer me to a second attorney if I do not have this signed document on file and/or if I owe the previous attorney money.
16. *If my case falls outside the scope of my agreement with the attorney, I agree to cooperate with the attorney if a request is made for me to sign a "Substitution of Attorney" document. This does not bar myself and the attorney from reaching a different agreement regarding fees and entering into a new fee contract, should I and the attorney agree to do so. If the attorney and I do not reach an agreement, the attorney may file a motion in court requesting to be removed as my attorney.
17. *As per the Rules of Professional Conduct, at the end of the initial 10 hours of work covered by my retainer, the attorney will provide me with a summary of work performed and an evaluation of future work. Additional fees may be required.

I understand and agree to this Moderate Means Code of Conduct & Client Agreement. If I do not adhere to these terms, I will be immediately barred from this program.

Signed * _____ **Date** _____

Moderate Means Waiver

“Your eligibility to participate in the Moderate Means Program is based upon your satisfying certain financial eligibility criteria. You thus agree that the attorney referred to you by the Moderate Means Program is authorized to disclose to the CCCBA’s Lawyer Referral and Information Service (LRIS) any information indicating that you are no longer financially eligible to receive legal services under the Moderate Means Program. Aside from instances in which it is disclosed in court filings, this information is normally confidential and protected by attorney-client privilege. You hereby voluntarily waive this confidentiality and the protection of attorney-client privilege, with respect only to this information, and you understand that if your attorney reveals such financial information to the LRIS, you may be deemed ineligible for further assistance through the Moderate Means Program.”

Under penalty of perjury, I certify that the above information is true and correct and complete to the best of my knowledge and belief.

Signature: *

Date:

Send the completed form, the \$40 application fee and all attachments to:

- **Scan and email to:** moderatemeans@cccba.org
- **By mail:** Moderate Means Program, CCCBA, 2300 Clayton Road, #520 Concord, CA 94520