



Harford County Bar Foundation

The Heart of Justice

17 W. Courtland St, Suite 130

Bel Air, Maryland 21014

(410) 836-0123

(410) 836-0328 (fax)

hcbf@harfordcountybarfoundation.org

Application for Pro Bono and Reduced Fee Services

Date: _____

Have you ever been previously approved for assistance through the Bar Foundation? Yes No

When? _____ Referred By: _____

Name: _____ Date of Birth: _____

Street Address, City, State: _____

Zip Code: _____ County: _____

Home Phone: _____ Cell/Work: _____

Email: _____

Race: _____ Male Female U.S. Citizen: Yes No

Type of Case: _____

Explain your legal problem (current situation, pertinent facts to the case, what you want resolved, whether you need representation or just legal advice). You may continue writing on the back side of this paper.

Do you have an attorney or have you consulted with an attorney regarding this matter? Yes No

Attorney's Name: _____

Has anything been filed with the Court regarding your case? If so, describe: _____

Do you have a court hearing scheduled? Yes No Date of Hearing: _____

Have you received any papers/do any need a response? _____

Date Due: _____

Name of Opposing Party: _____ OP Attorney Name: _____

Custody/Divorce - List Names and ages of children involved in case: _____

Divorce - Date Married: _____ Date Separated: _____

Are you in a physically abusive relationship: Yes No Mentally abusive: Yes No

Your Occupation/Salary: _____ **Education Level:** _____

Spouse's Occupation: _____ **Spouse's Salary:** _____

List all assets owned by spouse or by both of you together that have not already been listed:

Type of Account (such as savings, checking, stocks, bonds, CD, pension)	Name(s) on Account:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Residence:

Own: Yes No If yes, names on Mortgage/Deed: _____

Value: _____ Last appraisal date: _____ Amount owed on mortgage: _____

Any liens or home equity loans & how much: _____

Address: _____

Rent: Yes or No If yes, monthly rent: _____

Property/Real Estate other than marital residence:

Circle One: House Land Only Names on Mortgage/Deed: _____

Value: _____ Last appraisal date: _____ Amount owed on mortgage: _____

Any liens or home equity loans & how much: _____

Address: _____

List all HOUSEHOLD income:

Gross Monthly Salary: _____

Unemployment: _____

SSDI/SSI: _____

Child Support: _____

TCA: _____

Annuity/Retirement, etc: _____

Alimony: _____

Any other additional income: _____

Do you receive food stamps? Yes No

State below any money you have in savings, checking, stocks, bonds, CDs, Pension or other accounts in a bank or other financial institution.

Type of Account	Name(s) on Account:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Automobile/Recreational Vehicles (including motorcycles, boats, etc) titled in your name:

Model/Year: _____ Value: _____ Amount owed: \$ _____

Model/Year: _____ Value: _____ Amount owed: \$ _____

Model/Year: _____ Value: _____ Amount owed: \$ _____

Other:

Description: _____

Value: _____ Amount owed: \$ _____

List all assets over \$1000 (jewelry, paintings, collectibles, recreational equipment, tools, etc)

Item/Description:	Value:
_____	_____
_____	_____
_____	_____

HARFORD COUNTY BAR FOUNDATION

INCOME DOCUMENTATION AND VERIFICATION CHECKLIST

To qualify for services, you must verify your **total household income** by providing **COPIES** of the following documents for yourself and all parties that have an interest in your case (an individual 18 or older) residing in your home. If an item does not apply or you cannot provide information, please note near the numbered item on the list, i.e. "N/A" (Not Applicable), "does not apply", etc. and return to HCBF.

1. A \$35.00 non –refundable application fee to be paid by cash or money order. **NO PERSONAL CHECKS.**
2. **COPIES** of your **two most recent** check stubs, or other verification, from all income sources for **ALL** wage earners, i.e., employment wages, disability, cash assistance, worker’s compensation, unemployment, social security, etc.;
3. **COPIES** of last year’s **income tax returns**
4. **COPIES** of your **two most recent statements** of all financial accounts, i.e., checking, savings, money market, investments, etc.;
5. List the total number of people (including yourself) living in your household and their **relationship to you.**
6. **Copy of Photo I.D.**

NAME	RELATIONSHIP	AGE

Signature: _____ Date: _____

HARFORD COUNTY BAR FOUNDATION
Client Affidavit and Agreement

Please read each statement and initial in the space provided.

1. I understand that HCBF cannot guarantee a lawyer will volunteer to accept my case, nor can HCBF guarantee the outcome of my legal matter. _____
2. I do swear or affirm, to the best of my knowledge and belief, that the income and other information I have given in the accompanying application for legal services is complete, true, and correct. _____
3. I understand that HCLF does not provide legal advice, however, as an intake and referral program, HCBF will take personal information from me during the intake process to determine eligibility for referral to an attorney. _____
4. I understand that HCBF may check the correctness of this information, and may close my case if the information is incorrect or does not meet HCBF guidelines. _____
5. I understand that information about the facts and outcome of my legal matter will be treated as confidential information, subject to the following exception: *I hereby permit and instruct any lawyer, law office staff, legal or social services agency to which this matter is referred by HCBF to respond by telephone or in writing, to requests made by HCBF for information about the facts, progress or outcome of my case.* _____
6. I understand that HCBF will not attempt to place my case with a volunteer lawyer until I return all requested information, and a determination is made that I am eligible for pro bono (free) legal services. _____
7. I understand that if I do not respond to my attorney's attempts to contact me or if I fail to appear for my initial appointment, and have not contacted my attorney 48 hours in advance of my initial appointment time to reschedule, my case will be terminated, and I may be ineligible to receive services in the future. _____
8. I understand that at all times I will be treated with dignity and respect, and that I am expected to conduct myself appropriately, and treat all HCBF agents, attorneys, and their staff, with dignity and respect. I understand that if I behave inappropriately (i.e. using abusive language or threats, fail to cooperate with the Attorney and follow his/her instructions) toward any HCBF agents, attorneys, or their staff, my case will be terminated and I may be ineligible for services in the future. _____
9. Eligible cases may qualify for placement through HCBF one time only. _____
10. . Finally, I agree that if my income or financial circumstances improve during the time I am being represented by a lawyer through HCBF, I must immediately inform my lawyer and HCBF and I agree to negotiate the hourly fee at which I will be charged for these services. Failure to do so may result in termination of my case. I also understand that I may be responsible for costs incurred with the representation of my case. _____

Signature

Date

Witness Signature

Date