

Monroe County Bar Association Pro-Bono Intake Form

Notice: Required fields marked with an asterisk (*) MUST be completed in order to process the application. The information obtained on this form will be used to help determine if we can assist you with your legal needs. The information you provide is confidential, but it must be completed and truthful. If you are accepted as a client, and if it is later determined that the information you have provided on this form is incomplete or untrue, the Monroe County Bar Association Pro-Bono Program or your assigned attorney may terminate the attorney/client relationship.

The Monroe County Bar Association Pro-Bono Program accepts:

- **Matters of establishment or modification of custody, residential tenants, debtor collections only, expungements of PA criminal records**
- **Monroe County residents only**
- **Cases filed before the Monroe County Court of Common Pleas or Monroe County Magisterial District Courts, Monroe County, PA**

Applicant Details:

Name* _____ Date* _____
Prior/Other Names _____ Phone Number* _____
Date of Birth* _____ Email _____
Street Address* _____ Unit/Apt/Bldg. _____
City* _____ State/Providence* _____
Postal/Zip Code* _____
Marital Status * _____
Spouse/Domestic Partner (required if applicable) _____
Spouse's Address (if applicable and other than above) _____
U.S. Citizen * Yes No
How long have you lived in PA? (in years) * _____
Are you currently a member of the Armed Forces? * Yes No
Are you a veteran? * Yes No
Referred by: North Penn Legal Services Courts
 Women's Resources Other: _____

Income:

NOTE: Verification of all household income is required. You must include documentation such as copies of most recent 3 pay stubs, retirement including pensions and Social Security award letters, unemployment, disability including Social Security Insurance, alimony, spousal support and child support documents, as well as federal income tax return and W-2/1099 statements for most recent tax year (if required to file) with this application. For current income limits see *2020 Income - Exhibit A

Employed? * Yes No
How often are you paid? Weekly Bi-Weekly Monthly Yearly

Income from work (Gross Amount) * _____

List all persons living in household, including children and their monthly income *

Does anyone receive public assistance? *

[] Yes [] No

Food Stamps? * [] Yes [] No

Social Security?* [] Yes [] No

Fuel Assistance? * [] Yes [] No

Worker's Comp? * [] Yes [] No

Disability? * [] Yes [] No

Medicaid? * [] Yes [] No

VA? * [] Yes [] No

If yes to any, who receives it and the amount? _____

Any other sources of income to the household? _____

[] Yes [] No

If yes, who receives it, its source, and amount? _____

Do you have a bank account? *

[] Yes [] No

If yes, list type of account(s), bank(s), and current balance(s). _____

Do you have stocks, bonds, or other assets? *

[] Yes [] No

If yes, list each of them and their values. _____

Do you have retirement accounts? *

[] Yes [] No

If yes, list each of them and their balance(s). _____

Do you own or are you buying a house? *

[] Yes [] No

If yes, where is it located? _____

If yes, what is the value and what do you owe? _____

If yes, to whom do you make payments? _____

If yes, what is the monthly payment? _____

Do you own any motor vehicles? *

[] Yes [] No

If yes, what is the make, model and year? _____

If yes, what is the balance owed and to whom do you make payments? _____

Weekly Child Care Expense* _____

Weekly Employment Transportation Costs* _____

Food Costs* _____

Cost of Utilities* _____

Long-term or recurring medical & dental expenses? _____

[] Yes [] No

If yes, detail the problem and expense. _____

Household Members:

Number of Adults residing in your home *

Number of Children residing in your home full-time
(under 19) *

If Custody, List of Children that are the subject of this case:

Name: _____ Age: _____ Relationship: _____ Date of Birth: _____

Lives with? _____

Is there an opposing party? * [] Yes [] No

Name: _____ Age: _____ Relationship: _____ Date of Birth: _____
Lives with? _____ Is there an opposing party? * Yes No

Name: _____ Age: _____ Relationship: _____ Date of Birth: _____
Lives with? _____ Is there an opposing party? * Yes No

**** Please attach additional sheets as needed if more than 3 children**

Opposing Party Information:

Name * _____ Prior/Other Names _____
Relationship to you* _____ Birth Date, If Known _____
Street Address _____ Unit/Apt/Bldg. _____
City _____ State/Province _____
Postal/Zip Code _____ Name of Attorney * _____
U.S. Citizen * Yes No Don't Know _____
Opposing Counsel, Address and Phone Number _____

Case Information:

Current Legal Proceedings

If unknown, please answer unknown.

Type of Case * _____
Case No * _____
County of Case * _____
Court * _____
Court Date * _____
Has a case/petition been filed already? * Yes No
Do you have an attorney? * Yes No
If so, please provide name _____

Domestic Violence (only complete if custody case)

Are you the victim of domestic violence? * Yes No
Is there a current Protective Order, temporary or otherwise? * Yes No
Have you ever been arrested for domestic violence? * Yes No
Do you have any felony arrests and/or convictions? * Yes No

Matter:

- Modification of Custody – Establishment of Custody
- Landlord/Tenant – Tenant Only
- Collections
- Expungement of PA Criminal Record

What is your problem? *

Who is involved? *

What do you want us to do for you? *

Memorandum of Understanding

I, _____, am requesting a referral to a volunteer attorney through the Monroe County Bar Association Pro-Bono Program for representation in the following matter:

I understand that, should a volunteer attorney review my case, their acceptance of my case is purely voluntary on their part. I further understand that MCBA is only a referral service and cannot force an attorney to accept my case. It has been made clear to me that I must verify my financial need for assistance before I will even be considered for a referral. I also understand that there are a limited number of volunteers and that I may be put on a waiting list. I also know that I must be truthful and respectful. I must cooperate with the attorney handling my case. Any disrespect or abuse of the attorney/client relationship by me will be cause for my volunteer attorney to withdraw from my case at their discretion.

I also may withdraw my request for assistance at any time. It is understood that I have the responsibility to inform MCBA of any change in my income, my household members, or my other resources. I understand that should I become ineligible for services for any reason MCBA may withdraw the referral or the volunteer attorney may withdraw from my case.

I hereby authorize MCBA to release records and information pertaining to my case to the volunteer attorney(s).

Client Signature *

Today's Date (mm/dd/yyyy) *

Declaration of Citizenship

I hereby declare that I am a citizen or permanent resident of the United States.

Client Signature *

Today's Date (mm/dd/yyyy) *

MCBA Guidelines

APPLICATION

You need to fill out forms to determine your qualification for services. This paperwork must be filled out accurately and completely.

Factors used in determining your qualification include income, the type of legal issue, the merits of your case, and whether we have available volunteers.

If you qualify, we will notify you that your case has been approved to begin the search for a volunteer attorney to handle your case at no charge. We cannot guarantee that a volunteer with the necessary expertise and time will be found. If we are not able to place your case timely for your needs, you may want to proceed by other means. If you hire an attorney, please advise us as soon as possible so that we may close your file.

RELEASE OF INFORMATION

To place your case with a volunteer attorney, we need to be able to release limited information initially to avoid conflicts. Once a case has been accepted by a volunteer, the remaining information you have provided will be forwarded to that attorney. By applying for our services and seeking a pro-bono attorney, you are agreeing that we may release such information to a pro-bono attorney and potential pro-bono attorneys as necessary.

SERVICES TO OPPOSING PARTY

It is possible that the other individual(s) in your case may seek assistance from us. Please be aware that we may take an application from an opposing party in your case. Be assured that all information collected from you will be kept separate and confidential. In the event that we place volunteers with both sides of a case, the volunteer attorney for the opposing party will not have access to any of your information through our services.

ATTORNEY FEES

If a volunteer accepts your case, the attorney will represent you without charge unless awarded attorney's fees by the court to be paid by the opposing party. If a court awards attorney fees to be paid by the opposing party to your volunteer attorney, your attorney is allowed to accept such fees as ordered.

COPIES OF DOCUMENTS

Any documents you provide to our office will not be returned to you. Accordingly, please do not leave any original documents with us. We may be able to provide copies for you, but we have a very limited budget, so it is not a guarantee. Please note, copies provided to us will remain part of your file in this office, regardless of our ability to provide you with services.

CLIENT RESPONSIBILITIES

Filing Fees and Costs: The court will normally, but not always, waive the filing fees for individuals who qualify for our services. In the event the fees in your case cannot be waived, you will need to be prepared to pay the appropriate filing fee if necessary.

While volunteer attorneys with our program agree to handle cases without charging the clients fees for their work, they are not necessarily agreeing to spend their own money to cover additional costs and expenses in your case. Such costs may include postage, copying charges, service by the Sheriff or certified mail, depositions, Guardian ad Litem fees, or mediation fees. Accordingly, if you are assigned a volunteer, it is very important that you talk with your attorney in your first meeting to reach an agreement about potential costs that may arise in your case.

COOPERATION WITH YOUR VOLUNTEER ATTORNEY

If you are placed with an attorney, you must cooperate with the prosecution and/or defense of your case. You must keep all scheduled appointments and be prompt, courteous and prepared. Do not bring your children to meetings with your attorney.

Do not report anything about your case to “social media” sites you may belong to or send any information about your case through texting or e-mail, etc. (except to your attorney from a private email address). Opposing parties, their attorneys, and representatives routinely monitor such sites and seek e-mail and text addresses of claimants to obtain information and can subpoena such information directly from the service providers. Not only could you damage your case, but any “friend” on your site could be forced to become a witness and discuss all conversations they ever had with you. Please take this warning seriously.

When your case is completed, your attorney will withdraw from further representation and is not required to appeal a court decision on a pro-bono basis.

An attorney assigned to you is strictly a volunteer and is not obligated by any rule of law to represent you without charge to you. The attorney has agreed to provide you with a consultation but there is no guarantee that he or she will negotiate or litigate your matter to conclusion; that decision is left to the attorney’s professional judgement.

PLEASE NOTE: WE WILL CLOSE YOUR CASE IMMEDIATELY, if:

1. You misrepresent information in your application.
2. You fail to show for scheduled appointments; or
3. You don’t cooperate with your attorney.

Failure to cooperate is grounds for your attorney to withdraw from your case and you will no longer be eligible for further assistance.

REPORTING NEW INFORMATION

Notify our office immediately if you change addresses or contact information prior to placement with an attorney. If we cannot locate you, we will have to close your case.

Once approved and until you are placed with a volunteer attorney, you must keep our office notified of any significant developments in your case (i.e. if you are served with a court paperwork or a court date is set in your case). All information must be emailed, faxed or mailed only. Email copies to info2@monroebar.org, Fax to 570.424.8234, Mail to 913 Main Street, Stroudsburg PA 18360.

Until you are placed with an attorney, you must inform us of any household income changes to keep your application updated. We reserve the right to inquire further into your financial situation.

I hereby acknowledge that I have read and understand the above policies and have received a copy of the same.

Client Signature *

Today's Date (mm/dd/yyyy) *

By submitting my application, I certify and affirm that I have read the above or had it read to me; I fully understand the information contained herein, and it is true and correct to the best of my knowledge. I request that this information be considered in determining my eligibility to receive free legal services from the Monroe County Bar Association Pro-Bono Program. I hereby authorize the Monroe County Bar Association Pro-Bono Program to release records and information pertaining to my case to the pro-bono attorney(s).

Client Signature *

Today's Date (mm/dd/yyyy) *

***Exhibit "A"**

2020 US Federal Poverty Guidelines

Effective January 15, 2020

Published January 17, 2020

(at 125% of poverty level)

2020 POVERTY GUIDELINES

FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD

POVERTY GUIDELINE

For families/households with more than 8 persons, add \$5,600 for each additional person.	
1	\$15,950
2	\$21,550
3	\$27,150
4	\$32,750
5	\$38,350
6	\$43,950
7	\$49,550
8	\$55,150