

CLIENT INFORMATION FORM and SERVICE AGREEMENT

How did you hear of our Service?

Client's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone - Home #: _____ Work #: _____

Email: _____

Total number in household: _____ Number of Adults: _____ Children: _____

Occupation: _____

All persons applying for Modest Means Program referral consideration must:

1. Complete and attach a copy of the Financial Disclosure Form;
2. Attach a copy of the most recent W-2 form that shows at least four months of salary or wages;
3. Attach a copy (or copies) of the most recent statement(s) from all bank and/or investment accounts, and/or proof of additional sources of income;
4. Make a true and accurate statement of your current financial position;
5. Make an appointment with the NHCBA Modest Means Program staff to review this affidavit;
6. Pay the \$25 referral fee prior to or at the time of the affidavit review. (Note: The referral fee is refundable only if the client does not qualify for a referral. If a referral is made, however, the \$25 fee is not refundable.)

**Your application will be automatically denied if you fail to provide any and all of the above documentation.*

Please contact the NHCBA office if you have any questions.

Over>

NEW HAVEN COUNTY BAR ASSOCIATION
MODEST MEANS PROGRAM
CLIENT SERVICE AGREEMENT

PLEASE REMIT WITH A \$25
ADMINISTRATIVE FEE.

(VISA, MASTER CARD, MONEY ORDERS & CASH ACCEPTED)

I authorize the Modest Means Program of the New Haven County Bar Association to assist me in connection with the matter described as: **(Please circle & describe matter below; including, the dates of any upcoming court appearances)**

Family, Criminal, Motor Vehicle, Landlord/Tenant, Small Claims, Unemployment Compensation.

Describe Matter: _____

I agree that the NHCBA Modest Means Program administrative coordinator may work on my case without my specific approval.

Description of Services to Be Provided

1. Upon qualification of the client, the Modest Means Program will provide the name and telephone number of an attorney who has been accepted by the New Haven County Bar Association (“NHCBA”) to participate on a Modest Means panel and has agreed to accept referrals in certain areas of law. The client is entitled to a 30-minute consultation with an attorney at no charge from the attorney. **The \$25.00 fee must be prepaid to the NHCBA before the attorney’s information is provided. This fee can be mailed to our office by money order, Visa/MasterCard or paid directly to the New Haven county Bar Association office in cash.** If paying by credit card, please give the Modest Means Program administrative coordinator your account number, billing address and expiration date. Make checks payable to NHCBA (Modest Means Panel). **For qualified clients, the administrative fee is non-refundable.**
2. If the client wishes to retain the attorney beyond the 30-minute consultation, the attorney may require an advanced retainer fee (down payment). This subject is confidential and will only be discussed between the client and the attorney. Please note the referral attorney is not required to accept the case.
3. The NHCBA can give no assurance that the Modest Means Program members have experience in the areas of law provided under the Modest Means Program and offer no opinion or warranty as to the quality of legal services provided by the Modest Mans Program members. The level of attorney experience can vary from inexperienced to very experienced. The participating attorneys have agreed to accept cases for less than their normal hourly fee. The NHCBA does not maintain any records regarding ordinary or usual fee rates. There can be no assurances that the fees charged by Modest Means Program attorneys are the lowest possible rates. The NHCBA cannot guarantee a favorable result for your matter.

CLIENT RESPONSIBILITIES

1. I agree to keep the Modest Means Program service attorney advised of my current telephone number at all times.
2. I agree to notify the Modest Means service attorney if my income should change, either in source or amount. I understand that services may be terminated under this Agreement if I become financially ineligible.
3. I understand that once I have received a Modest Means service attorney’s name and telephone number, I am to call the attorney within 48 hours (two business days) and indicate that I am a prospective Modest Means Program client. I also understand that on occasion it may take an attorney a day or two to return my call.

I UNDERSTAND THE DESCRIPTION OF SERVICES TO BE PROVIDED BY
THE NEW HAVEN COUNTY BAR ASSOCIATION.

I UNDERSTAND MY RESPONSIBILITIES AND AGREE TO COOPERATE WITH THE NHCBA.

Print Name: _____ Signature _____

Date: _____

MC/VISA _____ Exp.date _____

Over>