

NEW HAVEN COUNTY BAR ASSOCIATION  
MODEST MEANS PROGRAM

CLIENT FINANCIAL DISCLOSURE FORM

Client's name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name of Case: \_\_\_\_\_ Docket No. (if applicable) \_\_\_\_\_

**Type of Proceeding:**

- Dissolution of Marriage/Divorce     Family Motion to Open or Modify     Paternity     Criminal Part B  
 Unemployment Compensation     Motor Vehicle     Small Claims  
 Housing Code Violations     Eviction     Security Deposit     Other\*

\*If you have checked **other**, please provide a detailed description of your legal matter in the space below.

\_\_\_\_\_  
\_\_\_\_\_

**I. DEPENDENTS**

Total No. of Dependents (not including yourself).... \_\_\_\_\_

**II. MONTHLY INCOME**

- A. Gross monthly income (before deductions)..... \_\_\_\_\_  
B. Net monthly income after taxes from monthly employment..... \_\_\_\_\_  
C. Other Income (i.e., TANF, Social Security, etc.) (Specify Source)..... \_\_\_\_\_  
Source: \_\_\_\_\_

**TOTAL MONTHLY INCOME (B+C)..... \_\_\_\_\_**

**III. MONTHLY EXPENSES**

- A. Rent/Mortgage... \_\_\_\_\_  
B. Real Estate Taxes... \_\_\_\_\_  
C. Utilities (Telephone, gas, etc.)... \_\_\_\_\_  
D. Food... \_\_\_\_\_  
E. Clothing... \_\_\_\_\_  
F. Insurance Premiums (Med./Dental, Auto, Life, Home)... \_\_\_\_\_  
G. Medical/Dental Expenses... \_\_\_\_\_  
H. Transportation... \_\_\_\_\_  
I. Child Care... \_\_\_\_\_  
J. Other (Specify): \_\_\_\_\_

**IV. ASSETS**

	<u>Est. Value</u>	<u>Loan Bal.</u>	<u>Equity</u>
A. Real Estate.....	_____	_____	_____
B. Motor Vehicles...	_____	_____	_____
C. Other Pers. Prop...	_____	_____	_____
D. Savings Acct. Bal. (All Accts.)	_____		_____
E. Checking Acct. Bal. (All Accts.)	_____		_____
F. Other Assets (Specify)	_____		_____

**V. LIABILITIES/DEBTS** (Do not include mortgage or loan balances listed under "Assets".)

<u>Type of Debt</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL LIABILITIES \_\_\_\_\_**

**Over>**

I certify that the foregoing information is accurate to the best of my knowledge and that I can, if requested, document all income, expenses, and liabilities listed on the front page of this document.

\_\_\_\_\_  
SIGNED (*APPLICANT*)

\_\_\_\_\_  
PRINT NAME OF PERSON SIGNING

\_\_\_\_\_  
DATE SIGNED

This form must be completed and returned along with the Client Information Form and the Client Service Agreement to the NHCBA's office. For further information, call (203) 562-0162.

Mail to: NHCBA Modest Means Program, P.O. Box 1441, New Haven, CT 06506-1441.