



**Office Use Only**

App. Date: \_\_\_\_\_

Ref. By: \_\_\_\_\_

Eligible? Y N

Ref. Date: \_\_\_\_\_

## Reduced Fee Referral Program Client Application and Certification of Eligibility

Name: \_\_\_\_\_ Are you presently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Length at current address: \_\_\_\_\_ Marital Status: Married: \_\_\_\_\_ Separated: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_  
 Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Number of Persons Living in Household: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

### Income

Do you receive/have any of the following? If so, report the **PER MONTH** amount of income.

Salary:	Yes: _____ No: _____	Amount: _____
Spouse's Salary:	Yes: _____ No: _____	Amount: _____
Child Support:	Yes: _____ No: _____	Amount: _____
Alimony:	Yes: _____ No: _____	Amount: _____
TANF:	Yes: _____ No: _____	Amount: _____
Unemployment:	Yes: _____ No: _____	Amount: _____
Disability Benefits:	Yes: _____ No: _____	Amount: _____
Other Income:	Yes: _____ No: _____	Amount: _____

**TOTAL:** \_\_\_\_\_

### Assets and Liabilities - where applicable, print the PER MONTH amount.

#### Assets

Gross Monthly Salary: Amount: \$ \_\_\_\_\_  
 Checking Acct.: Balance: \$ \_\_\_\_\_  
 Savings Acct.: Balance: \$ \_\_\_\_\_  
 Own Property: Value: \$ \_\_\_\_\_  
 Other Assets\*: Total Value: \$ \_\_\_\_\_

#### Liabilities

Mortgage: Balance \$ \_\_\_\_\_  
 Monthly Payment\* \$ \_\_\_\_\_  
 Rent: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Insurance: \$ \_\_\_\_\_  
 Loans: \$ \_\_\_\_\_  
 Court obligation: \$ \_\_\_\_\_  
 Other debts\*\*: \$ \_\_\_\_\_

\* Please list other assets on separate sheet.

\* Please include property tax in monthly payment amt.

\*\* Please list other debts on separate sheet.

**Area of Concern (please circle):**

Bankruptcy (Chapters 7 & 13)	Foreclosure (Defense Only)
Criminal	Landlord/Tenant (Tenant Only)
Criminal (Juvenile)	Municipal Court Traffic (flat fee)
Child Abuse & Neglect (DCP&P)	Municipal Court 2C Offenses
Expungement	Municipal Court (DWI)
Child Visitation	Name Change
Child Support Reduction/Increase	Small Claims
Uncontested Divorce	Special Civil Part
Domestic Violence	Tort Defense
Post Judgement Enforcement	Unemployment Appeal
Uncontested Child Relocation (only with signed written agreement)	Unmarried Child Support & Custody
Immigration Initial (Consultation Only)	Will (simple) (flat fee)
	Advanced Directive/POA/Will (flat fee)

**PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION**

1. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I will not be accepted for attorney representation through the BCBA's Reduced Fee Referral Program.
2. I understand that at the attorney's request I am required to provide documentation (pay stubs, tax return and/or bank statements) to determine eligibility.
3. I understand that I must inform my attorney of any significant changes in my financial circumstances and that if I become ineligible for services through the RFRP due to a change in my financial circumstances my attorney will no longer be obligated to provide service at a reduced fee. In that event, I am free to enter into a new agreement with the attorney or retain another attorney.
4. I understand that I must pay a \$25 application fee to participate in the RFRP and that payment shall be in money order or credit card and shall be due and payable to Burlington County Bar Association prior to or at the time the application is processed.
5. I understand that before any legal services are provided to me through the Reduced Fee Program, I must sign this agreement in the space provided below.
6. I understand that the Burlington County Bar Association has not promised or guaranteed representation by the referred attorney nor has the BCBA guaranteed the outcome of my matter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to:  
**Burlington County Bar Association**  
137 High Street, Floor 3  
Mount Holly, NJ 08060  
Phone: 609.261.4542  
Fax: 609.261.5423  
Scan: [bcba@burlcobar.org](mailto:bcba@burlcobar.org)