

**MODEST MEANS PROGRAM  
OF THE SCHENECTADY COUNTY BAR ASSOCIATION**

**CLIENT INTAKE FORM**

**TO SEE IF YOU QUALIFY PLEASE COMPLETE FORM AND:**

**MAIL COMPLETED FORM TO :  
SCBA  
PO BOX 1728  
SCHENECTADY, NY 12301  
393-4115**

Case Number (will be provided by Program Staff): \_\_\_\_\_

*Use back of page for any answer for which there isn't enough space*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Total Number of People in the Household: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

Do you support anyone who does not live with you? ?  Yes  No Whom? \_\_\_\_\_

Are you presently employed?  Yes  No If yes, where? \_\_\_\_\_

If no, when and where were you last employed, and what was your monthly income from that employment? \_\_\_\_\_

**CURRENT MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS** (Include paycheck stubs covering the most recent six-week period for each employed member of the household (copies only), and the most recently filed Federal income tax return showing income from employment for each household member)<sup>1</sup>

Your Gross Monthly Income (before taxes) .....	\$ _____
Current Spouse Gross Monthly Income (before taxes).....	\$ _____
Other Household Members Gross Monthly Income (before taxes).....	\$ _____
Pensions and Retirement.....	\$ _____
Social Security .....	\$ _____
Disability and Unemployment .....	\$ _____
Public Assistance (AFDC, Welfare, etc.) .....	\$ _____
Child Support and Alimony .....	\$ _____
Dividends and Interest .....	\$ _____
Rental Income .....	\$ _____
All Other Sources (Specify).....	\$ _____
Total Monthly Income	\$ _____

<sup>1</sup> Program staff may request additional documentation relative to either income or asset it

**ASSETS<sup>1</sup>**

Do you: rent  or own  your home?<sup>2</sup> What is your monthly rent/mortgage? \_\_\_\_\_

Do you own other real property? Yes No

If yes, please explain what it is, where it is located:

\_\_\_\_\_  
What is the total value of all real estate you own, *other than* your home? \_\_\_\_\_

Vehicle(s) you own:<sup>3</sup>

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model \_\_\_\_\_

How much money is in your checking account? \_\_\_\_\_

How much money is in all savings accounts you have? \_\_\_\_\_

How much cash do you have in your home? \_\_\_\_\_

What is the total value of all stock, bonds, Certificates of Deposit and Money market accounts you own? \_\_\_\_\_

What is the value of any equity you have in life insurance policies? \_\_\_\_\_

What is the value of all luxury items you own (jewelry, artwork, heirlooms, etc.) \_\_\_\_\_

***I hereby affirm that the foregoing statements are true, under the penalty of perjury:***

\_\_\_\_\_  
(Signature)

Date Signed: \_\_\_\_\_

**MODEST MEANS PROGRAM  
OF THE SCHENECTADY COUNTY BAR ASSOCIATION  
CLIENT PARTICIPATION AGREEMENT**

The Modest Means Program (MMP) is designed to make legal services available to lower income individuals who are ineligible for legal aid, but unable to afford regular attorney fees. Clients for the MMP qualify at 200% of the federal poverty guidelines. The guidelines may be adjusted whenever there are changes in the federal poverty guidelines. MMP is not a legal aid program. The client must have sufficient resources to pay for any services they receive.

Lawyers who accept MMP referrals agree to charge no more than \$50 for the initial, one hour, office consultation and no more than \$100 per hour for services beyond the initial office consultation. They further agree that the amount of the retainer fee, if any, will be no more than

<sup>2</sup> A home you own will not be considered an available asset in determining your eligibility.

<sup>3</sup> One car you own will not be considered an available asset in determining your eligibility.

\$1,000. While there are no further restrictions on fees, flexible payment schedules are expected in keeping with the Program's purposes.

Potential clients are screened initially over the phone. At this time the potential client will be mailed an Application. It will be up to the client to return the completed form **and pay an administrative fee of \$15 to demonstrate financial eligibility and willingness to follow through after referral.** Once **the fee and completed Application are returned**, the client is contacted by telephone and given a referral to an attorney who has agreed to accept his or her case. At this time, neither client nor attorney is obligated to continue an attorney/client relationship beyond the first office visit.

The Schenectady County Bar Modest Means Program has a limited number of attorneys available. The Program further reserves the right to refuse to make a referral to an attorney even if the potential client is financially eligible for the Program. If no attorney referral is made for you through the Modest Means Program, your administrative fee will be returned.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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I, \_\_\_\_\_ (client), have requested that I be assigned an attorney by the Modest Means Program. I have read the above description of the Modest Means Program and understand that this program is intended to assist persons who meet certain financial guidelines. My participation is voluntary. By requesting referral to an attorney, I agree to abide by the Modest Means Program's conditions of service.