

**HAMPDEN COUNTY BAR ASSOCIATION
LAWYER REFERRAL & INFORMATION SERVICE
REDUCED FEE PROGRAM
(413) 732-4648 FAX (413) 732-6882**

ABOUT THE PROGRAM:

- The Reduced Fee Program was organized to provide legal representation for individuals with limited income. The panel members are all private attorneys in Hampden County who have agreed to take certain cases at reduced rates.

- Through the Reduced Fee Program, you can hire an attorney at the rate of \$75.00 per hour. As you are hiring a private attorney, the attorney will collect a retainer (money in advance) based on the \$75.00 hour rate.

- When referred to an attorney, you have seven (7) days in which to contact and/or retain the attorney. Should you fail to do so, the attorney will be referred to another client and will no longer be available to you at reduced rates.

- The attorney will be available to you at reduced rates only for the case matter noted on your application.

- Should the attorney discover that you have made a misrepresentation on the application, the attorney has the right to terminate the relationship.

- There is a non-refundable \$10.00 processing fee to apply for this program.

INSTRUCTIONS FOR APPLICANTS:

- Fill out the enclosed form to the best of your ability and return it to the Hampden County Bar Association. If you need any assistance with the application, please contact this office.

- IF YOU ARE EMPLOYED, PLEASE ENCLOSE A COPY OF A RECENT PAYSTUB. IF YOU RECEIVE GOVERNMENT BENEFITS, PLEASE ENCLOSE A VERIFICATION LETTER FROM THE AGENCY FROM WHICH YOU RECEIVE AID.**

- When we receive the completed application, the program coordinator will review the application to determine eligibility. If questions arise, you will be contacted by phone to go over the application with you.

- Once all the information has been collected, a determination can be made as to your eligibility for the Reduced Fee Program.

- If eligible, you will be given the name, address and phone number of an attorney who has experience handling the type of work you need to have done. It is your responsibility to contact the attorney.

- If it has been determined that you are not eligible for the reduced hourly rates, alternative agencies and programs will be discussed.

-Enclose Processing Fee (\$10.00):

Cash or money order issued to Hampden County Bar Association

Credit Card: VISA / MasterCard / Discover

Card number: _____ Expiration Date: _____

Security Code (3 or 4 digit code in signature box on back): _____

Name on Card: _____ Billing Address: _____

Return To: Hampden County Bar Association
Reduced Fee Program
50 State Street-Room 137
Springfield, MA 01103

CLIENT ELIGIBILITY

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone(work) _____ (home) _____
Place of Employment: _____ Length of Employment: _____
Nature of Employment: _____ Are you employed: Full Time/Part Time

Yearly Income: _____ **Spouses Yearly Income:** _____

GOVERNMENT BENEFITS YOU RECEIVE: (If Applicable)

(a) Social Security	\$ _____ per _____	(f) General Relief	\$ _____ per _____
(b) Unemploy. Insurance	\$ _____ per _____	(g) S.S.I.	\$ _____ per _____
(c) Workmans' Comp	\$ _____ per _____	(h) V.A. Benefits	\$ _____ per _____
(d) A.F.D.C.	\$ _____ per _____	(i) Food Stamps	\$ _____ per _____
(e) Quarterly Flat Grant	\$ _____ per _____		

OTHER INCOME:

(a) Net Rental Income \$ _____ per _____
(b) Alimony/Child Support \$ _____ per _____
(c) Other Income \$ _____ per _____ Please Specify: _____

TOTAL GROSS INCOME: \$ _____ per _____

FAMILY SIZE (#) _____ TOTAL NUMBER OF DEPENDENTS _____

ASSETS: _____

BANK ACCOUNTS: _____

STOCKS, BONDS OR ESTATES: _____

CAR(S): _____

HOMEOWNER: Yes/No (circle one) Equity in Home \$ _____ Years in Home: _____

OTHER ASSETS: _____

RENT PAYMENTS: \$ _____ per _____ MORTGAGE PAYMENTS: \$ _____ per _____

LIABILITIES: (loans, medical bills, support payments, child care, other bills, etc).

TOTAL HOUSEHOLD INCOME: \$ _____

BRIEFLY STATE NATURE OF YOUR PROBLEM: _____

I understand that this is not a Pro Bono service and I will be required to pay approximately \$75.00 per hour. I also understand that I may be required to provide a retainer.

CLIENT SIGNATURE: _____

Any false statement or misrepresentations made by the client in this financial statement are sufficient reasons for the attorney to terminate the attorney-client relationship and so notify the Hampden County Bar Association.