

OSB Modest Means Program

Oregon State Bar, Modest Means Program, PO Box 231935, Tigard, OR 97281-1935

Oregon lawyers created the Modest Means Program to help moderate-income Oregonians find affordable legal assistance. Lawyers who choose to participate have agreed to charge reduced rates for legal work provided to Modest Means Program clients.

Modest Means lawyers handle only family law, criminal defense, and landlord/tenant matters. We can only refer qualified clients based on income guidelines and the availability of a lawyer in your county. It is important to understand there are a limited number of lawyers in the program, and there may not be a Modest Means lawyer in your county.

To apply for a Modest Means referral, complete the application form and return it to the address printed on the back. If we are able to make a referral for you, the lawyer will receive a copy of your form and may ask additional questions to confirm your eligibility for the program. The lawyer has the final say in the qualification process.

If you qualify, we will give you the name and phone number of a lawyer in your area. You will need to make an appointment to meet with the lawyer for a consultation about your legal issues. The lawyer will charge \$35 for this consultation.

If you hire a lawyer through Modest Means, you will be asked to pay a retainer (deposit against fees) up front. The amount of the retainer will depend on the lawyer's estimate of how much work will be required to complete your case. You will also be responsible for any court fees and other direct costs, such as long-distance phone charges and photocopying expenses.

Please remember that Modest Means is not a Pro Bono program. You must be able to pay for any services you receive. If you are unable to pay these fees, you should contact the legal aid office in your county of residence. The Oregon State Bar does not have a referral program for pro bono (free) attorneys.

Portland Metro: (503) 684-3763
Elsewhere in Oregon: (800) 452-7636
Fax: (503) 431-6444

APPLICATION FOR OREGON STATE BAR MODEST MEANS PROGRAM (PAGE 1 OF 2)

Please print clearly or type and fill out the application completely. Fax your completed application to (503) 431-6444 or mail it to:
 Oregon State Bar – Modest Means Program, P. O. Box 231935, Tigard, OR 97281-1935.
 We will contact you within one (1) business day of receipt of your completed application.

Please note: All information provided will be treated as confidential communications made for the purpose of facilitating the rendering of professional legal services to you. We will preserve the confidentiality of all such information unless otherwise required by law.

First Name	Last Name
Address	
City	Zip Code
Phone Number (please use area code) () -	E-mail Address
I prefer to be contacted by (check one):	<input type="checkbox"/> e-mail <input type="checkbox"/> phone

I am representing myself in a Family Law matter. I would like to an attorney to help me with the following:
Please note that self-representation help is available for Family Law cases only.

- | | | |
|--|------------------------|--------------------|
| Process Questions | Spousal Support | Coaching (General) |
| Domestic Violence | Child Support Rebuttal | Document Review |
| Grandparent/3 rd Party Rights | Contested Custody | |

I would like an attorney to represent me in the following matter(s):

- | | | |
|--|--|--|
| <u>Family Law</u>
(No Appeals)
Dissolution
Custody/Visitation
Support/Modification
Juvenile/SCF issues
Paternity
Restraining Orders | <u>Criminal Law</u>
(No Capital Charges or Appeals)
Misdemeanor
Lesser Felony
Major Felony
DUII/DWS
Parole/Probation | <u>Real Property</u>
(No Appeals)
Landlord-Tenant
Mobile Home |
|--|--|--|

Briefly describe the legal matter for which you are seeking assistance:	
In which city do you need assistance?	
When is your next court date (if applicable)?	
What is the name of the opposing party?	
Have you already consulted with an attorney?	
If yes, what is the attorney's name?	
Reason you are looking for another attorney:	

APPLICATION FOR OREGON STATE BAR MODEST MEANS PROGRAM (PAGE 2 of 2)

First Name	Last Name
Phone Number	E-mail Address

How many people live in your home including you?
 Do you share expenses, such as food and utilities?
 Do you own or rent your home?

_____ Yes _____ No
 Rent Own

Make of each vehicle owned	Year	Model	Value (est.)
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____

Income (per month)

Wages: \$ _____
 Spousal Support: \$ _____
 Child Support: \$ _____
 Veteran's Benefit: \$ _____
 Unemployment: \$ _____
 SSI/SSD: \$ _____
 TANF: \$ _____
 Other Aid/Public Benefits: \$ _____
 Retirement/Investment Income: \$ _____
 Other income (please specify): \$ _____

Liquid Assets

Checking Account Balance \$ _____
 Savings Account Balance \$ _____
 Money Market/Other Account \$ _____

Total Liquid Assets

\$ _____

Non-liquid Assets

Amount in Retirement Plans (401k),
 mutual funds, securities, bonds, etc. \$ _____
 Other (Specific): \$ _____

Total Income

\$ _____

Total Non-liquid Assets

\$ _____

**Special Expenses & Debts*
 (per month)**

Medical**: \$ _____
 Child Care***: \$ _____
 Transportation****: \$ _____
 Spousal Support: \$ _____
 Child Support: \$ _____

Total Expenses/Debts

\$ _____

Income - Expenses =

\$ _____

**Others in Household Receiving
 Income**

Relationship & Income Source <small>{For example: Spouse/Job}</small>	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Others' Income

\$ _____

**If not already listed above, what
 is your spouse's income?**

\$ _____

* Ordinary expenses that most people have (such as rent, food, utilities) are considered in the basic income calculations and should not be listed here. Other personal and discretionary expenses such as car payments, car insurance, and credit card debts are not considered under our guidelines. ** "Medical" refers to medical expenses that are not covered by insurance. *** "Child Care" refers to costs incurred while a parent is at work. **** "Transportation" refers to basic transportation costs to get to and from work (bus tickets, gas).

I certify that the information provided above is true and correct to the best of my knowledge.	
Signature _____	Date _____

OFFICE USE ONLY	
Eligible: Yes No	Notes: _____