

**Lorain County Bar Association  
Modest Means Program  
Financial Disclosure Statement**

1. Personal Information					
Applicant's Name	DOB	Person Represented (if juvenile)		DOB	
Mailing Address		City	State	Zip	
Area Code/Phone Number Home: _____ Cell: _____			Email Address: _____		
2. Other Persons Living in Household (Please list all adults and children)					
Name 1)	DOB	Relationship	Name 4)	DOB	Relationship
2)			5)		
3)			6)		
3. Income and Employment*					
	Applicant	Spouse	Household Members	Total Income	
Gross Monthly Wages					
ADC					
Food Stamps					
Worker's Compensation					
Social Security/Disability					
Pension					
Alimony					
Child Support					
Unemployment					
Other Income (specify)					
Total Household Income: \$ _____					
Employer's Name: _____ Phone Number: _____					
Address: _____					

*\*Don't forget to enclose **copies** of current documentation of all listed income, assets, and expenses that you want us to consider.*

**4. Liquid Assets\***

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CD, Retirement /Investment Accounts	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

**5. Monthly Expenses\***

Type of Expense	Amount	Type of Expense	Amount
Alimony Paid Out		Insurance (medical, dental, auto, etc.)	
Child Support Paid Out		Medical/Dental Expenses (Applicant)	
Child Care (only if working)		Medical/Dental Expenses (Family)	
<b>Total Expenses:</b>			\$

Please provide a brief description of your legal matter.

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Name of opposing party: \_\_\_\_\_

Name of opposing attorney (if known): \_\_\_\_\_

Name of court: \_\_\_\_\_

Do you need an attorney who speaks a language other than English? \_\_\_\_\_

If so, what language? \_\_\_\_\_

Do you have any special requirements? \_\_\_\_\_

List the names of any attorneys you have already contacted or attorneys to whom you would NOT want to be referred

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Lorain County Bar Association Modest Means Program Referral Service Client Instruction Sheet

The Modest Means Program of the Lorain County Bar Association assists people whose income is too high to qualify for free legal services, but too low to pay a lawyer's standard rate. The Modest Means Program is run by the Lawyer Referral at the Lorain County Bar . When we receive your completed application and documentation, we will try to match you with an attorney who has agreed to consider certain cases at a reduced rate.

The Modest Means Referral Service accepts applications for legal matters in these areas of practice: Domestic (Divorce/Dissolution, Child Support, Custody/Visitation and Paternity) and Foreclosure.

### **To apply for reduced fee legal services:**

1. Complete the application form. Include a description of your legal problem.  
Sign and date the application.
2. Make copies of your income (previous 3 months) and expenses documentation. Include your wages or benefits (Social Security disability or SSI, worker's compensation, unemployment or VA benefits). Block out sensitive information such as your Social Security number or account numbers. Send copies of this documentation to us with your application.
3. Send the signed application form and copies of your documentation to our office at:  
Lorain County Bar Association  
627 Broad Street  
Elyria, OH 44035
4. If you have questions about the application, please call our office at (440)323-8416.

	<b>Family Size</b>	<b>Annual Income is at least</b>
2019 Federal Poverty Guidelines	1	\$24,980
(The table to the right shows the basic income limits that we currently use)	2	\$33,820
	3	\$42,660
	4	\$51,500
	5	\$60,340
	6	\$69,180
	7	\$78,020
	8	\$86,860

Eligibility is determined by your **gross household income (before taxes)**, including earned and unearned income. Child support and maintenance payments are the only expenses that may be deducted from gross income to determine eligibility. We will also consider your assets when deciding whether you are eligible for this program. For example, if you have significant equity in your home that you are able to borrow against to pay an attorney, then we will consider that in evaluating your ability to pay a reasonable amount to an attorney. When you apply, the information you will need to provide includes your gross household income from all sources (including wages or benefits such as Social Security disability or SSI, worker's compensation, unemployment or VA benefits), bank account balances, and the value of any real estate, stocks, bonds, CDs and/or retirement accounts. Your income and assets must be documented.