



Modest Means Program Client Application

The Modest Means Program (MMP) is a reduced rate referral program designed to help fill the gap by making legal services accessible to moderate income people whose income is too high to qualify for legal aid. Participating attorneys agree to charge the client no more than a \$500 retainer and \$75 per hour. Attorney's fees, filing fees and out-of-pocket costs must be paid by the client.

APPLICANT INFORMATION (REQUIRED)

Applicant's Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Work Phone _____ Cell Phone _____ E-mail: _____

Are you employed? Yes No Employer's Name (if applicable) _____

Contact Person & Title _____ Phone _____

CASE INFORMATION (REQUIRED)

Name of Case _____ Docket # (if available) _____

Opposing Party _____ Opposing Attorney _____

Type of Proceeding:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Custody | <input type="checkbox"/> Minor Criminal Matter |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Elder Law (Power of Attorney, wills) | <input type="checkbox"/> Tenant Issues |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Uncontested Divorce |
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Matters Involving a Veteran | |

Briefly describe the legal matter for which you are seeking assistance. City Where Assistance is Needed _____

Have you already consulted an attorney on this matter? Yes No

If yes, please list the name(s) of the attorney(s) and explain why you are looking for another attorney.

Are you a student at the University of Wyoming? Yes No If yes, what is your W#? _____

FINANCIAL INFORMATION

Gross Monthly Income _____ (before deductions) Net Monthly Income _____ (after taxes)

Other Monthly Income _____ (child support, Social Security, unemployment, retirement, etc.) Number of Children in Home Full Time _____

Checking Account Balance _____ Savings Account Balance _____

Other Assets _____

Others in Household Receiving Income

Relationship _____ Job/Income Source _____ Monthly Amount _____

Relationship _____ Job/Income Source _____ Monthly Amount _____

Relationship _____ Job/Income Source _____ Monthly Amount _____

CLIENT CERTIFICATION AND AUTHORIZATION

1. I certify that all above information made by me is true. I am aware that if any of the above information made by me is inaccurate, I may not qualify for the Modest Means Program.
2. I will inform my attorney(s) of any material changes in my financial status that may make me ineligible for the Modest Means Program.
3. I understand that terms of representation and fees are between myself and the attorney.
4. I understand that attorney's fees, filing fees and other out-of-pocket costs are my responsibility.
5. I understand that submittal of this form does not automatically qualify me for the Modest Means Program.
6. I authorize all of my employers to share any wage information requested by the Wyoming State Bar or a participating attorney.

Printed Name _____ Signature _____

Date _____

Please return completed form to:

Jenelle Olivas
Wyoming State Bar
P.O. Box 109
Cheyenne, WY 82003

(307) 432-2107
Fax: (307) 632-3737
jolivas@wyomingbar.org