



BURLINGTON COUNTY BAR ASSOCIATION

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REDUCED FEE REFERRAL PROGRAM

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The Burlington County Reduced Fee Referral Program is a program available to litigants in Burlington County who do not qualify for legal services and/or the Public Defender, but who cannot afford to hire an attorney at a regular rate. Individuals who meet the income requirements for the program will be referred to an attorney who may represent them at a reduced rate. The RFRP takes cases in most divisions in the Superior Court, and in every Municipal Court in the Vicinage.

Areas Served

Bankruptcy	Foreclosure
Criminal	Landlord/Tenant
Juvenile	Municipal Court
Expungements	DWI
Child Visitation	Name Changes
Child Support	Small Claims
Uncontested Divorce	Special Civil
Post Judgment	Tort Defense
Child Relocation	Will/Healthcare Directive

EMAIL BCBA@BURLCOBAR.ORG OR CALL 609.261.4542



Burlington County Bar Association Reduced Fee Referral Program

ABOUT THE PROGRAM

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AREAS OF SERVICE

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Criminal
Juvenile
Expungements
Child Visitation
Child Support
Uncontested Divorce
Post Judgment
Child Relocation
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DWI
Name Changes
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Tort Defense
Will/Healthcare Directive

QUICK FACTS

The Reduced Fee Referral Program refers litigants based on individual need to an attorney in their county who may represent them at a reduced rate. A prospective litigant completes the application which is submitted to the BCBA office with a \$25 application fee. The application is processed within one business day and the litigant is given the attorney referral information. The litigant can then meet with the attorney and retain them according to the Reduced Fee Schedule. The program is largely based on the Reduced Fee Program started in Morris/Sussex Vicinage, which was chosen by the Administrative Office of the Courts as the model reduced fee program for all counties in the State.

For more information, please see the enclosed documents, or contact the Burlington County Bar Association at 609.261.4542. Additional information can be found at burlcobar.org.



Office Use Only

App. Date: _____

Ref. By: _____

Eligible? Y N

Ref. Date: _____

Reduced Fee Referral Program Client Application and Certification of Eligibility

Name: _____ Are you presently employed? Yes: _____ No: _____
 Address: _____ Employer: _____
 City: _____ State: _____ Zip: _____
 Length at current address: _____ Marital Status: Married: _____ Separated: _____
 Phone: _____ Single: _____ Divorced: _____
 Email: _____ Spouse's Name: _____
 Date of birth: _____ Number of Persons Living in Household: _____
 Social Security Number: _____

Income

Do you receive/have any of the following? If so, report the **PER MONTH** amount of income.

Salary:	Yes: _____	No: _____	Amount: _____
Spouse's Salary:	Yes: _____	No: _____	Amount: _____
Child Support:	Yes: _____	No: _____	Amount: _____
Alimony:	Yes: _____	No: _____	Amount: _____
TANF:	Yes: _____	No: _____	Amount: _____
Unemployment:	Yes: _____	No: _____	Amount: _____
Disability Benefits:	Yes: _____	No: _____	Amount: _____
Other Income:	Yes: _____	No: _____	Amount: _____

TOTAL: _____

Assets and Liabilities - where applicable, print the PER MONTH amount.

Assets

Gross Monthly Salary: Amount: \$ _____
 Checking Acct.: Balance: \$ _____
 Savings Acct.: Balance: \$ _____
 Own Property: Value: \$ _____
 Other Assets*: Total Value: \$ _____

Liabilities

Mortgage: Balance \$ _____
 Monthly Payment* \$ _____
 Rent: \$ _____
 Utilities: \$ _____
 Insurance: \$ _____
 Loans: \$ _____
 Court obligation: \$ _____
 Other debts**: \$ _____

* Please list other assets on separate sheet.

* Please include property tax in monthly payment amt.

** Please list other debts on separate sheet.

Area of Concern (please circle):

Bankruptcy (Chapters 7 & 13)	Foreclosure (Defense Only)
Criminal	Landlord/Tenant (Tenant Only)
Criminal (Juvenile)	Municipal Court Traffic (flat fee)
Child Abuse & Neglect (DCP&P)	Municipal Court 2C Offenses
Expungement	Municipal Court (DWI)
Child Visitation	Name Change
Child Support Reduction/Increase	Small Claims
Uncontested Divorce	Special Civil Part
Domestic Violence	Tort Defense
Post Judgement Enforcement	Unemployment Appeal
Uncontested Child Relocation (only with signed written agreement)	Unmarried Child Support & Custody
Immigration Initial (Consultation Only)	Will (simple) (flat fee)
	Advanced Directive/POA/Will (flat fee)

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION

1. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I will not be accepted for attorney representation through the BCBA's Reduced Fee Referral Program.
2. I understand that at the attorney's request I am required to provide documentation (pay stubs, tax return and/or bank statements) to determine eligibility.
3. I understand that I must inform my attorney of any significant changes in my financial circumstances and that if I become ineligible for services through the RFRP due to a change in my financial circumstances my attorney will no longer be obligated to provide service at a reduced fee. In that event, I am free to enter into a new agreement with the attorney or retain another attorney.
4. I understand that I must pay a \$25 application fee to participate in the RFRP and that payment shall be in money order or credit card and shall be due and payable to Burlington County Bar Association prior to or at the time the application is processed.
5. I understand that before any legal services are provided to me through the Reduced Fee Program, I must sign this agreement in the space provided below.
6. I understand that the Burlington County Bar Association has not promised or guaranteed representation by the referred attorney nor has the BCBA guaranteed the outcome of my matter.

Applicant Signature: _____ Date: _____

Return the completed form to:
Burlington County Bar Association
137 High Street, Floor 3
Mount Holly, NJ 08060
Phone: 609.261.4542
Fax: 609.261.5423
Scan: bcba@burlcobar.org