

PRO BONO CENTER APPLICATION

Complete the following information. PLEASE PRINT.

Name (first, middle, and last): _____

Street address: _____

City, State, Zip: _____

Telephone number(s) where message can be left: _____

Name of Adverse Party: _____

How did you hear about the Pro Bono Center? _____

Complete the chart in full below to show TOTAL HOUSEHOLD INCOME. You may be asked to provide proof of your income.

- Give names, ages, and income of all household members.
- HOUSEHOLD INCLUDES: a spouse or someone living with you with whom you have a child, and children under 21 years old.
- HOUSEHOLD DOES NOT INCLUDE: parents, brothers or sisters, or someone living with you with whom you do not have a child.
- INCOME includes income from employment, self-employment or unemployment or workmen's compensation; public assistance (TANF or General Assistance); Social Security (including SSI and SSD); spousal or child support; assistance from family members; pensions of any kind; veteran's benefits.

NAME	RELATIONSHIP	AGE	SOURCE OF INCOME	AMT. OF TOTAL MONTHLY INCOME
	Myself			
	Spouse/Partner			
	Child			
	Child			
	Child			
	Child			

TOTAL HOUSEHOLD MEMBERS: _____ TOTAL HOUSEHOLD INCOME: _____

For Pro Bono Center use only—do not write in this area.

Assigned or referred to: _____ Date: _____

Result: _____

_____ Hours: _____

List the **ASSETS** owned by members of your household. Do not include the home you live in, your primary automobile, furniture, or clothing. Give the approximate value of the asset after deducting liens such as a mortgage or a car loan.

Real estate (house, land, mobile home) where you do not reside: _____

Motor vehicles (do not include your primary vehicle): _____

Bank accounts, stocks, bonds, savings certificates, 401ks, etc.
(circle all that apply): _____

Other assets (specify): _____

Please describe in detail the legal problem for which you are seeking assistance (include court case number if applicable):

I hereby certify that, to the best of my knowledge, the eligibility information contained in this application form is true, correct, and complete. If I am assigned an attorney, I agree to report any changes in circumstances immediately.

Client Signature: _____ Date: _____

Please return this form to:

Pro Bono Coordinator
Allegheny County Bar Foundation
400 Koppers Building, 436 Seventh Ave.
Pittsburgh, PA 15219