



## LEGAL AID SOCIETY OF MONMOUTH COUNTY, INC.

2405 Route 66, Ocean, New Jersey 07712  
Mail: Post Office Box 2006, Ocean, New Jersey 07712  
Telephone: (732) 556-8268

### APPLICATION FOR PRO BONO LEGAL ASSISTANCE

#### 1. CLIENT INFORMATION

- Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Email: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Social Security Number: XXX-XX-\_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Are you a Monmouth County resident: ☐ Yes ☐ No
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Residence Type (check one):
- ☐ House - Mortgage Balance: \$ \_\_\_\_\_  
- Monthly Mortgage Payment: \$ \_\_\_\_\_
- ☐ Apartment- Monthly Rental Payment: \$ \_\_\_\_\_  
☐ Section 8 ☐ Affordable Housing
- ☐ Other: \_\_\_\_\_
- Date you moved in: \_\_\_\_\_

#### 2. CLIENT INCOME VERIFICATION

- Employer/Company Name: \_\_\_\_\_
- Employer/Company Address: \_\_\_\_\_
- Employer/Company Phone #: \_\_\_\_\_
- Employment Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Hours per week: \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

#### **SECOND EMPLOYER (if applicable)**

- Employer/Company Name: \_\_\_\_\_
- Employer/Company Address: \_\_\_\_\_
- Employer/Company Phone #: \_\_\_\_\_
- Employment Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Hours per week: \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

#### 3. SPOUSE INFORMATION

- ☐ I have a spouse
- ☐ I do **NOT** have a spouse-Divorced? ☐ No ☐ Yes, Date of Divorce: \_\_\_\_\_

If yes:

- Name: \_\_\_\_\_
- SSN: XXX-XX-\_\_\_\_\_
- Address: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- Hours per week: \_\_\_\_\_ Hourly Rate/Commission: \$ \_\_\_\_\_
- Date Of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 4. CASE INFORMATION

- Legal Issue: \_\_\_\_\_
- Pending Lawsuits: \_\_\_\_\_
- Docket Number (If applicable): \_\_\_\_\_
- Upcoming Court Date (If applicable): \_\_\_\_\_
- Opposing Counsel: \_\_\_\_\_

#### 5. OTHER HOUSEHOLD MEMBERS

| Name | Age | Relationship | Income |
|------|-----|--------------|--------|
| 1.   |     |              |        |
| 2.   |     |              |        |
| 3.   |     |              |        |
| 4.   |     |              |        |
| 5.   |     |              |        |
| 6.   |     |              |        |
| 7.   |     |              |        |
| 8.   |     |              |        |

#### 6. GENERAL ASSISTANCE/ PUBLIC SUBSIDIES

- **SSI Monthly Benefit:** \$ \_\_\_\_\_
- **SSD Monthly Benefit:** \$ \_\_\_\_\_
- **RSDI (RET) Monthly Benefit:** \$ \_\_\_\_\_
- **Food Stamp (SNAP) Benefit:** \$ \_\_\_\_\_
- **Welfare (TANF) Benefit:** \$ \_\_\_\_\_
- **Unemployment:** \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly

- **Alimony/ Cohabitant Contribution:** \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly
- **Child Support:** \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly ☐ Bi-Weekly

## 7. OTHER INCOME SOURCES/ ASSETS

- **Real Estate**
  - o **Property Address:** \_\_\_\_\_
  - o **Estimated Current Home Value:** \_\_\_\_\_
  - o **Mortgage Balance:** \_\_\_\_\_
  - o **Monthly Mortgage Payment Amount:** \_\_\_\_\_
- **Bank Accounts**
  - o **Bank:** \_\_\_\_\_
  - o **Checking Account Current Balance:** \_\_\_\_\_
  - o **Savings Account Current Balance:** \_\_\_\_\_
  - o **Secondary Bank Account (if applicable):** \_\_\_\_\_
    - **Checking Account Current Balance:** \_\_\_\_\_
    - **Savings Account Current Balance:** \_\_\_\_\_
- **Certificate of Deposit (CD)**
  - o **Bank:** \_\_\_\_\_
  - o **Current Balance:** \_\_\_\_\_
- **Pension**
  - o **Employer:** \_\_\_\_\_
  - o **Current Balance:** \_\_\_\_\_
  - o **If in pay status, monthly payment:** \$ \_\_\_\_\_
- **Veterans Benefit/ Pension**
  - o **If in pay status, monthly payment:** \$ \_\_\_\_\_
- **IRA (Individual Retirement Account)**
  - o **Institution:** \_\_\_\_\_
  - o **Current Balance:** \_\_\_\_\_
- **401K**
  - o **Institution:** \_\_\_\_\_
  - o **Current Balance:** \_\_\_\_\_
- **Life Insurance**
  - o **Institution:** \_\_\_\_\_
  - o **Current Balance:** \_\_\_\_\_

- **Stocks/ Bonds/ ETFs/ Cryptocurrency**

- o **Description:** \_\_\_\_\_

- o **Estimated Value:** \_\_\_\_\_

- **Automobile(s)**

- o **Make/Model/Year:** \_\_\_\_\_

- o **Estimated Value:** \_\_\_\_\_

- o **Vehicle Status (check one):**

- ☐ **Lease-Monthly Payment:** \$\_\_\_\_\_

- ☐ **Finance- Monthly Payment:** \$\_\_\_\_\_

- ☐ **Own**

**STATE OF NEY JERSEY)  
COUNTY OF MONMOUTH)**

I, \_\_\_\_\_, being of full age and fully sworn according to

law upon my oath depose and say:

1. I am giving this Affidavit in support of my application to obtain an attorney, *pro bono publico*, through the ***Legal Aid Society of Monmouth County***. I am the ☐ ) **plaintiff** ☐ ) **defendant** in this matter.

2. I am requesting *pro bono* assistance because I do not have sufficient funds or assets with which to pay an attorney or pay the filing fees associated with this action. If qualified, I understand that an Attorney may be assigned to represent me without charge and court costs and filing fees will be waived.

**DISCLOSURE**

3. I understand that *The Legal Aid Society* has the right to verify all information I have provided by conducting an independent investigation. I understand that by signing this application I am giving my release for the disclosure of any informative to support this application for legal services and further that any documents provided during the interview process will be retained by the LAS for a period of three (3) years, after which time same will be destroyed.

4. I acknowledge that any out-of-pocket costs such as publication notice, out of state service fees, etc. are my responsibility. I understand the attorney will advise me if and when such fees are necessary and I will pay such fees are required.

**CERTIFICATION**

*I certify that the information I have provided on these pages is true and correct to the best of my knowledge and, I authorize the Legal Aid Society of Monmouth County, Inc., which is also called "LAS", to obtain all information needed to verify this information.*

*I understand that I must inform the Legal Aid Society of Monmouth County, Inc. within fourteen (14) days from the date I submit this document if my financial circumstances change in any significant way.*

*I understand that should my eligibility status change during the course of the LAS representation that this matter may be reconsidered by LAS or the assigned attorney to determine if I remain eligible for continued free legal assistance. If I become ineligible for services through LAS due to a change in my financial circumstances my attorney will no longer be obligated to provide free legal services. In that event I am free to enter into a new agreement with the attorney or retain another attorney. Such changes, by way of example might be a change in income and employment, receipt of an inheritance, gift or proceeds from a lawsuit.*

*I understand that if I have intentionally provided false information or intentionally withheld information to obtain legal assistance, the LAS assignment will be withdrawn, and the assigned attorney may seek compensation for legal services rendered.*

*I understand I am required to provide all required attachments as detailed herein ELIGIBILITY DOCUMENTS as necessary to determine eligibility.*

*I understand that before any legal services are provided to me through the Legal Aid Society of Monmouth County, I must sign this agreement in the space provided below.*

*I understand that the Legal Aid Society has not promised or guaranteed representation by any panel attorney nor has guaranteed the outcome of my matter.*

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

**\*\*\*\*\* NOTICE \*\*\*\*\***

**NO ELIGIBILITY DETERMINATION WILL BE MADE UNTIL THE  
BELOW DOCUMENTATION IS PROVIDED**

Please email this application and supporting documentation to [monmouthlegalaidapps@gmail.com](mailto:monmouthlegalaidapps@gmail.com)  
or mail to: P.O. Box 2006 Ocean, NJ 07712. An eligibility interview will be scheduled upon receipt.

**NO SE HARÁ DETERMINACIÓN HASTA QUE SE PROPORCIONE  
LA DOCUMENTACIÓN A CONTINUACIÓN**

Envíe por correo electrónico esta solicitud y la documentación de respaldo a [monmouthlegalaidapps@gmail.com](mailto:monmouthlegalaidapps@gmail.com), O  
envíelo por correo a: P.O. Box 2006 Asbury Park, NJ 07712

## **REQUIRED ATTACHMENTS**

**Eligibility Documents Checklist**-Please attach copies of **ALL** documentation with your application for all members of the household that are 18 years of age or older.

- ☐ **Copy of photo ID**
- ☐ **Three (3) most current pay stubs**
- ☐ **Most recent filed State and Federal Tax Statements (with attachments and W-2)**
- ☐ **TWO (2) months of documentation for the following (if applicable):**
  - ☐ Welfare (TANF)
  - ☐ Food Stamps (SNAP)
  - ☐ Unemployment
  - ☐ Disability
  - ☐ Workers' Compensation
  - ☐ Child Support / Alimony
  - ☐ Other Income
- ☐ **IF APPLICABLE: Two (2) months of documentation for:**
  - ☐ SSI benefit letter
  - ☐ SSD benefit letter
  - ☐ RSDI benefit letter
- ☐ **IF APPLICABLE: Current housing documentation:**
  - ☐ Home mortgage statement
  - ☐ Lease agreement
  - ☐ Housing / Section 8 subsidized contract
- ☐ **Three (3) to Six (6) months of ALL financial account statements:**
  - ☐ Checking accounts
  - ☐ Savings accounts
  - ☐ Any other bank accounts (where money is deposited or distributed)
- ☐ **Other Documents Attached:** \_\_\_\_\_