



Reduced Fee Referral Request

Mail completed application form to: State Bar of Wisconsin, Modest Means Panel, P.O. Box 7158, Madison, WI 53707-7158 Questions? Call 1-888-529-7599

Full Name
Address
City
State, Zip
Area Code/Phone Number
Email

Number of adults living in your household
Number of children living in your household

What is your gross household income per month? (Income from ALL household members must be documented.)

Wages
Social Security/SSDI income
Unemployment Compensation
Child Support
Maintenance
Worker's Compensation
Other (specify source and amount)

What are your bank account balances?

Checking
Savings
Other

Do you own any of the items listed below? If so, list the value or balance of each.

Stocks or Bonds?
Certificates of Deposit
Retirement Accounts
Investment Accounts

Do you pay child support and/or maintenance? If so what is the amount per month? (Enclose brief documentation)

Please provide a brief description of your legal matter. (Use back of form or attach additional sheet of paper if necessary.)

Name of opposing party

Name of opposing attorney (if known)

Name/location of court (if known)

Where would you like the attorney to be located? (Which county)

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

I certify that the information included on this form is complete and correct to the best of my knowledge.

Signature Date

Don't forget to enclose documentation of income and expenses that you want us to consider.