



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.