



APPLICATION FOR PRO BONO/LOW BONO
BANKRUPTCY ASSISTANCE

To: (Circle One County Chair and then mail or email this form to that person)

<p><u>Miami Dade County Co-Chairs</u> Kristina Gonzalez, Esq. Holland Law Group 1401 Manatee Ave. West, Ste. 1010 Bradenton, FL 34205 K.Gonzalez@hollandlaw.com [email ONLY]</p> <p>Peter W. Kelly, Esq. P. W. Kelly Associates, P.A. (786) 766-0012 pkelly@pwkpa.com</p>	<p><u>Broward County Chair</u> Joe M. Grant, Esq. Lorium Law (561) 361-1000 jgrant@loriumlaw.com</p>	<p><u>Palm Beach County Chair</u> Heather L. Ries, Esq. Fox Rothschild LLP (561) 804-4419 HRies@foxrothschild.com</p>
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READ BEFORE COMPLETING: This Application must be filled out completely and submitted with all requested documents to assist us in determining whether you qualify for Pro Bono or Low Bono assistance. (Low Bono is a reduced fee arrangement). Should you qualify for Pro Bono or Low Bono assistance, please understand that it may take up to thirty (30) days before we can match you with a volunteer lawyer. Please answer all questions; if something does not apply to you, please let us know by responding "N/A." If you fail to provide all information we have requested, or should you be found to have provided false information, we will reject your application. Completing this form does not necessarily mean that you will qualify for Pro Bono or Low Bono assistance. While you are waiting to hear from us, you are responsible for your own case if you have already filed on your own (known as a "pro se" filing). This means you must meet all deadlines in your case, attend all hearings, including the "Meeting of Creditors" with the Trustee, and submit all documents requested by the Clerk of the Bankruptcy Court, the Trustee, or the Bankruptcy Court Judge as might be contained in an Order issued in your case.

Date: _____

Name(s): _____

Address: _____ FL _____

Phone Number: (____) _____ E-mail: _____

Legal Status (Check One): Citizen Permanent Resident Neither

Marital Status (Check One): Single Married Divorced Widow

Number in Household: _____ Are you a veteran (Check One): Yes No

Primary Language Spoken: _____ Do you speak English? (Check One): Yes No

ARE YOU IN A BANKRUPTCY NOW OR FILED BANKRUPTCY BEFORE: Yes No

If yes, include Case No. _____ Any other cases before this one? _____

Current status of case: Pending Dismissed Discharged

REASON FOR FILING BANKRUPTCY: _____

INCOME:

What is your job? Debtor _____ Spouse/Partner _____
Your Gross Monthly Pay \$ _____ (Provide Paycheck or Bank Statement)
Spouse's Gross Monthly Pay \$ _____ (Provide Paycheck or Bank
Statement) Part-time employment / Under the Table Work \$ _____ Average
Monthly Amount of monthly contribution from friend or family member: \$ _____ Average
Monthly Child Support / Alimony \$ _____ / mo. Rental of Room \$ _____ / mo.
Social Security / Disability \$ _____ / mo. Pension \$ _____ / mo.
Unemployment / Workers Compensation \$ _____ / mo.

DEBTS (please list the estimated total amount owed below)

Credit Cards \$ _____ Repossessions \$ _____ Deficiencies \$ _____
Hospital Bills \$ _____ Student Loans \$ _____ IRS \$ _____
Other (description) _____ \$ _____

BANK ACCOUNTS

Checking Account: _____ Balance: _____
Checking Account: _____ Balance: _____
Savings Account: _____ Balance: _____
Savings Account: _____ Balance: _____
No Account, but I have \$ _____ in my possession or at home.

CORPORATION/BUSINESS

Do you own or have an ownership interest in a company? (Check One) Yes No
Name of business: _____
Type of Business: _____
Monthly Revenue \$ _____ Monthly Expenses \$ _____

HOME/ REAL PROPERTY

CHECK APPROPRIATE BOX: I own my home/condo I rent for \$ _____ per month.

Address: _____

(Check One) This is a House Vacant Lot Time-Share

I want to keep or surrender/give it to the bank

I am _____ months behind on my mortgage

My regular monthly mortgage payment is: \$ _____

Address: _____

(Check One) This is a House Vacant Lot Time-Share

I want to keep or surrender/give it to the bank

I am _____ months behind on my mortgage

My regular monthly mortgage payment is: \$ _____

Are there any additional properties other than the above? (Check One) Yes No

CARS

I LEASE _____ vehicles. (Indicate number of vehicles leased)

I OWN _____ vehicles. (Indicate number of vehicles owned WHETHER PAID IN FULL OR NOT)

Vehicle #1: Year / Make / Model: _____ / _____ / _____

This vehicle is (Check One): Leased Financed Paid

Off Mileage: _____

Monthly Payments: _____ I am CURRENT NOT CURRENT

I want to KEEP SURRENDER the Vehicle.

Vehicle #2: Year / Make / Model: _____ / _____ / _____

This vehicle is (Check One): Leased Financed Paid Off

Mileage: _____

Monthly Payments: _____ I am CURRENT NOT CURRENT

I want to KEEP SURRENDER the Vehicle.

PENDING STATE COURT OR OTHER PENDING PROCEEDINGS

Please list all pending lawsuits, whether filed by you or against you, located anywhere in the U.S. or in a foreign country.
[Attach additional pages if necessary, as you must report all pending lawsuits]

Case Style (the names of the Plaintiff(s) and the names of the Defendant(s)):

Case Number:

Name of the Court where the lawsuit is currently pending:

Is this a foreclosure case? Yes No

Date of any upcoming hearings or deadlines for your case? _____