

KCBA Family Law Programs Referral Form

King County Bar Association

-TO BE COMPLETED BY ATTORNEY ONLY-

To refer a case, the client must: 1) Have a gross household monthly income less than 200% of the Federal Poverty Level (FPL) and 2) Have a legal issue that falls within the program's priorities.

STEP ONE: Please have the client read and initial the following release:

I give permission to the Neighborhood Legal Clinics to provide information about my case to the Family Law Pro Bono Programs to determine my eligibility for legal assistance. I may be contacted if my case falls within their program priorities.

(Client initials)

STEP TWO: Is the client income eligible for the program? ____ Yes ____ No

People in Household	Below 200% FPL Gross Monthly Income <small>Estate Planning and SSI/SSDI Overpayments</small>
1	\$2010
2	\$2707
3	\$3403
4	\$4100
5	\$4797
6	\$5493
7	\$6190
8	\$6887
Each person over 8	Add \$696

The WSBA Moderate Means Project may be able to help at reduced fees if the client's gross income is between 200-400% FPL. To apply, clients can visit: www.moderatemeanswa.org.

STEP THREE: Does the legal issue fall into one of these categories? **If not, the client will not be contacted.**

Self Help Plus Program	Can only assist with King County cases	<p>_____ UNCONTESTED Petition for Dissolution</p> <p>_____ UNCONTESTED Petition to Establish a Parenting Plan</p> <p>_____ UNCONTESTED Petition for Legal Separation</p>	<p>Do NOT refer parenting plan MODIFICATIONS, child support MODIFICATIONS, or other post-decree matters</p> <p>Self Help Plus may be able to assist domestic violence survivors trying to file for divorce while abuser is incarcerated.</p>
Kinship Care Solutions Project		<p>_____ PETITIONERS Only: NONPARENTAL Custody or THIRD PARTY Custody</p>	Do NOT refer ADOPTIONS

STEP FOUR: Inform the client that completion of this form **DOES NOT** guarantee eligibility or acceptance for pro bono legal assistance. It will often take up to **3 WEEKS** for a client to receive a call back from KCBA.
DO NOT REFER CASES WITH AN URGENT DEADLINE.

Date: _____ Intake Interviewer: _____

Client First Name: _____ Client MI: _____ Client Last Name: _____

Client's Date of Birth: _____ Client Phone: _____ Safe for messages? _____

Language if Interpreter Needed: _____

Name of Opposing Party: _____ Opposing Party's Date of Birth: _____

Has a case been filed? _____ If yes, provide Case number: _____

Yes _____ No _____ If yes, which court was it filed in? _____

Additional information: Please provide the key facts and any additional details regarding the history of the action, filing dates, documents the client has and any other specific information that is relevant in determining eligibility. Provide as much complete and detailed information as you are able to. Provide and attach paperwork when possible.

Summary of Situation

Action / Referral Needed

Deadline(s)

Other Notes

May we contact you with questions? _____

If so, your name & phone number: _____