

**Stubbs Bankruptcy Clinic
Campbell University School of Law
Application for Pro Bono Services**

Applicant Name(s): _____

Who referred you to the Bankruptcy Clinic? _____

1. Are you presently employed? Yes _____ No _____

(a) If the answer is "yes," state the amount of your salary or wages per month and give the name and address of your employer. [List both gross and net (after taxes) wages].

(b) If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received. [List both gross and net (after taxes) wages].

2. Within the past 12 months, have you received money from any of the following sources:

(a) Income from self-employment? Yes _____ No _____

(b) Rent payments, interest or dividends? Yes _____ No _____

(c) Pensions, annuities or life insurance payments? Yes _____ No _____

(d) Gifts or inheritances? Yes _____ No _____

(e) Social security, workers' compensation or disability? Yes _____ No _____

(f) Any other sources? Yes _____ No _____

If yes to any of the above, describe each source of money and state the amount received from each during the past twelve months:

3. Do you have money in a checking account? Yes _____ No _____

If yes, state the total amount: _____

4. Do you have money in a savings account? Yes _____ No _____

If yes, state the total amount: _____

5. Do you possess any cash? Yes _____ No _____

If yes, state the total amount: _____

6. Do you own any real estate, stocks, bonds, notes, automobiles, life insurance policies (cash value), 401k plans or other valuable property (excluding ordinary household furnishings and clothing)? Yes _____ No _____

If yes, describe each property and state its approximate value.

7. List each person who is dependent upon you for support. State the person's age and relationship to you. Indicate how much you contribute toward his/her support. **DO NOT LIST THE NAMES OF MINOR CHILDREN.**

8. Have you made attempts to hire an attorney to represent you in this litigation?

Yes _____ No _____

If yes, please describe your efforts.

9. Please list any other factors, not identified above, that you believe supports your application for pro bono services:

I declare and affirm that the foregoing is true and correct.

Date: _____

Name of Applicant: _____

Signature of Applicant: _____

Current Address: _____

City/State/Zip: _____

Telephone No.: _____

Email Address: _____

Please return application to:

Stubbs Bankruptcy Clinic
300 Fayetteville Street, Suite 446
Raleigh, NC 27601

OR

Attn: Ciara L. Rogers, Director
Email: crogers@campbell.edu