

State Bar of Michigan

Date of client intake

Attorney name

P#

Attorney address

Attorney phone

Attorney e-mail

I am an active attorney in good standing with no formal request for investigation pending against me at the Attorney Grievance Commission.

Case summary and legal representation to be provided

Eligibility

Referral through ATJ program (reverse referral) not possible.

Yes No Is client currently receiving FIP, SSI, food stamps or Medicaid. If yes, client is financially qualified for service. If no, client must qualify both by income and asset limitations.

of Children

of Adults

Income	Monthly	Asset Type	Value
Wages		Checking/savings	
Alimony		Stock/bonds/IRAs/trusts	
Child support		Auto(s)	
Employment disability		Real property (not primary)	
SS disability		Personal property	
Rental income		Misc. property	
SS retirement		Other	
VA pension/benefits		Total	
Worker's comp			
Work pension/annuity			
Total			

MI-LAPP Malpractice Coverage Eligibility Worksheet: Request from Pro Bono Attorney

► Your request for coverage must be made prior to beginning work on the case.

Return completed form by mail, e-mail or fax to the appropriate contacts provided below.

► MI-LAPP

c/o State Bar of Michigan
 Michael Franck Building
 Attention: Rob Mathis
 306 Townsend Street
 Lansing, MI 48933-2012

► E-mail: rmathis@mail.michbar.org

► Fax: 517-316-7204

Client name

Client address

Client phone or contact information

Opposing party name

Opposing party address

Note: To be eligible for services income cannot exceed 200% of current poverty guidelines; liquid assets cannot exceed \$5,000. Your request will be decided within seven days unless you indicate that an emergency exists.

For SBM Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is client income and asset eligible for services. ____ initial | <input type="checkbox"/> Pro Bono Retainer signed, copy on file. |
| <input type="checkbox"/> Case, client, and attorney eligible for SBM malpractice coverage. ____ initial | <input type="checkbox"/> Malpractice Coverage letter issued. ____ date ____ initial |
| | <input type="checkbox"/> Entered in PIKA |