



**Application for Need-based Fee Reduction/Sliding Scale**

Dear Potential Client,

Please deliver this form to the attorney in person at your scheduled initial consultation appointment. Call 919-480-1999 or e-mail using the link on the homepage of my website, [www.LODJH.com](http://www.LODJH.com) in order to set up a consultation. The cost of a consultation is typically \$150 for up to an hour, and \$200 per hour thereafter.

As part of my commitment to serving the needs of diverse members of the community, I will evaluate your ability to pay on an individualized basis using a variety of factors and any reduction in hourly rates will occur at the attorney's sole discretion. Proof of income, assets/debts, and/or disability status will be required. **Unsigned applications will not be processed.**

Please fill out the following form completely. Completing this form will enable me to determine the appropriate fee to charge given your financial and legal situation. The information you provide will be stored confidentially in paper and/or electronic form. If we do not move forward with an attorney-client relationship, I will securely dispose of any confidential information I have obtained. I will maintain your basic contact information indefinitely unless you later direct me to erase it.

Completing this form does not create an attorney-client relationship. I will always require you to sign an Agreement for Legal Services before becoming your attorney.

Thank you for your cooperation, and I look forward to being in touch with you about your legal issues.

Sincerely,

/s/ Derrick J. Hensley, Esq.

The Law Office of Derrick J. Hensley  
323 E. Chapel Hill St., Room 203  
P.O. Box 380  
Durham, NC 27702-0380  
ph. (919) 480-1999  
fax (919) 636-6018

N.B. The Law Office is on the second floor of the Durham Main Post Office. You may use the elevator in the lobby of the main post office and be prepared to go through security, including having a photo ID. There is also a stairwell at the east end of the Post Office lobby with a sign on the door for the firm. That door remains locked, but you may ring the doorbell and someone should come and bring you directly into the office.



Provide all applicable information:

DATE: \_\_\_ / \_\_\_ / \_\_\_

1. Full Name and any Aliases: \_\_\_\_\_ Age: \_\_\_\_\_

2. Full Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Dependents (Name & Age): \_\_\_\_\_  
\_\_\_\_\_

4. Monthly Income & Expenses

Monthly Income

a. Employment: \$ \_\_\_\_\_

b. Other Income \$ \_\_\_\_\_  
(include income from all sources, including welfare, food stamps, pensions, social security, etc.)

c. Spouse/Other's Income: \$ \_\_\_\_\_  
(include income from anyone else who may support you or share your expenses)

d. Total of Lines a-c: \$ \_\_\_\_\_

Monthly Expenses

e. Housing: \$ \_\_\_\_\_  Own  Rent

f. Food: \$ \_\_\_\_\_

g. Utilities: \$ \_\_\_\_\_  
(power, water, heating, phone, Internet, cable, etc.)

h. Health Care: \$ \_\_\_\_\_  
(include Insurance payments and other bills)

i. Car Expenses: \$ \_\_\_\_\_  
(gas, insurance, car note, etc.)

j. Support Payments: \$ \_\_\_\_\_  
(gas, insurance, car note, etc.)

k. Other (specify below): \$ \_\_\_\_\_  
*Explanation of line k:* \_\_\_\_\_

l. Total of Lines e-k: \$ \_\_\_\_\_

m. Subtract line l from line d = \$ \_\_\_\_\_ **Net Monthly Income**



5. Assets & Liabilities:

	<u>ASSETS</u>	<u>LIABILITIES</u>
a. Cash on Hand & in Bank Accounts	\$ _____	
<i>List Additional Names of Banks on Reverse/Attached Sheet</i>		
b. Money owed to you or held for you	\$ _____	
c. Real Estate & Encumbrances:	\$ _____	\$ _____
d. Personal Property <small>(include all tangible and intangible/intellectual property owned by you in your personal capacity as well as any business ventures in which you may be involved)</small>	\$ _____	\$ _____
e. Prior year's tax liability/refund:	\$ _____	\$ _____
f. ALL Other Assets & Liabilities	\$ _____	\$ _____
<b>g. Total of above lines a-g</b>	<b>\$ _____</b>	<b>\$ _____</b>

6. Please attach:

- a. Prior year's form 1040, or a statement that you are exempt from filing
- b. Prior 2 mos. pay stubs, if applicable
- c. Current bank account & indebtedness statements for all accounts indicated previously in this application
- d. Proof of any disability claimed

Please read the following carefully, and sign below if if you agree to be bound by the following:  
*I swear that the foregoing and attached information is true and accurate as of the date submitted. I further swear that I will provide any updated information to The Law Office of Derrick J. Hensley immediately. I understand and acknowledge that any misrepresentation of my financial status would constitute fraud and I would be subject to civil and criminal liability.*

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Potential Client/Applicant: \_\_\_\_\_