

# CBA Ethics Committee Assistance Program for OARC Disciplinary Matters

## APPLICATION AND FINANCIAL AFFIDAVIT

I, \_\_\_\_\_, respectfully request the CBA Ethics Committee Assistance Program for OARC Disciplinary Matters allow me to participate in its program. At this time, I am without adequate means available to retain a lawyer without assistance.

☐ Check this box if you have malpractice insurance.

☐ Check this box if you have received a Request for Information (RFI) from OARC. If yes, please include a copy with your application.

**All items must be fully completed. If an item does not apply, please write "N/A"**

Applicant		
Last Name	First Name	MI
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Street Address (Include Apt. # if applicable)</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Cell Phone</span> <span>Date of Birth</span> </div>		
Employment		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Most Recent Employer</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Work Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Work Phone</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Dates Employed</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Hours/Week   Pay Rate \$   <input type="checkbox"/> Weekly   <input type="checkbox"/> Bi-weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Annual   <input type="checkbox"/> Other: _____</div>		
Household		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Marital Status   <input type="checkbox"/> Single   <input type="checkbox"/> Married   <input type="checkbox"/> Divorced   <input type="checkbox"/> Separated   <input type="checkbox"/> Widowed</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Number in Household (including yourself)   <input type="checkbox"/> Own   <input type="checkbox"/> Rent</div>		

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information on Page 3)	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Partner, Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
<b>Total Income</b>	\$	<b>Total Expenses</b>	\$
<b>Cash on Hand</b> (Cash you are carrying or which is stored at home, etc.)	\$	<b>Credit Cards:</b> (Show type and balance owed) Type: _____ Balance \$ _____ Type: _____ Balance \$ _____ Type: _____ Balance \$ _____	
Checking Account Balance	\$	Name/Address of Bank:	
Savings Account Balance	\$	Name/Address of Bank:	
<b>Stocks, Bonds, or other Investments Held Balance</b>	\$	Type of Investment    Name/Location of Company/Corporation Type of Investment    Name/Location of Company/Corporation	
<b>Vehicles Owned</b> (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Year _____ Model _____ License Plate _____ Year _____ Model _____ License Plate _____	
<b>House(s) or other Property</b> Estimate Value	\$	Amount owed \$ _____ Year Purchased _____	

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Program to make any necessary contacts to verify the information.

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

## General Information

**It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.**

**A. Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

**Note:** Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

**B. Liquid Assets.** Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

**Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.

### **You may be asked to supply: (do not submit unless requested)**

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **DO NOT provide originals.**