

## STATE BAR of WISCONSIN

Your Practice. Our Purpose.™

## Modest Means Referral Service Attorney Registration

If you have any questions, please call the State Bar at (608) 250-6173 or (800) 444-9404 ext. 6173, or write to us at the address listed below.

Attorney Na	me			Office Te	lephone ( )	
-	last	first	middle initial	Email		
Bar Number			Secretary			
Firm Name_						
P.O. Box	Street Address					
City	County		;	Zip		
Geographic	restrictions – please specify co	ounties and a	areas where you would	be willing to hand	dle cases (i.e. "x" county only, statewic	le, etc.) :
Other Profes	sional Degrees/Licenses:					
Other langua	ges (including American Sign	) in which I a	am reasonably fluent: _			
Part-time gov	vernment positions currently h	eld:				
OTHER CRITERIA: Installment payments possible;			Home visits possible;		Weekend/evening appointments possible	
	<b>INSTRUCTIONS:</b> Please in handle. This is an individual			in which you wil	I accept referrals and are competent to	)
	Bankruptcy Chapter 7 (B07) Chapter 13 (B13) Foreclosure Defense (MFD) Consumer Law Construction Contracts (CN Consumer Fraud (FRD) Contracts (CNT) Identity Theft (IDT) Insurance Policy Disputes ( Small Claims (CSC)	S)	Criminal Law Pre-charging Consult Misdemeanors Ordinance Violations Traffic Offenses Family Law Child Support (SUP) Cohabital Property D Custody (CUS) Divorce (DIV) Grandparent's Rights	ivision (FCP)	Family Law (continued)         Guardianships (GRD)         Maintenance (FMN)         Paternity (PTR)         Termination of Parental Rights (TPF)         Visitation (VIS)    Probate  Power of Attorney (POA) Wills (WIL)	<) ()

I have read and understand the Modest Means Panel Membership Rules. I agree to abide by those rules.

Attorney's Signature

Date

Please make a copy of this form for your files.

Mail completed form to: State Bar of Wisconsin, Attn: Modest Means Panel, P.O. Box 7158, Madison, WI 53707-7158