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CBA Ethics Committee Assistance Program for OARC Disciplinary Matters

The Colorado Bar Association Assistance Program for OARC Disciplinary Matters (CBA and Program, respectively) is a pilot program that makes referrals of need-based legal assistance to respondent lawyers in disciplinary matters before the Colorado Supreme Court Office of Attorney Regulation Counsel (OARC).¹ The Program makes referrals to volunteer members of the CBA Ethics Committee, facilitating potential independent attorney-client relationships. This Program is not affiliated in any respect with the OARC.² The CBA's Executive Council and Ethics Committee have approved the Program.

A respondent lawyer seeking assistance through this Program is required to submit an application and financial affidavit. When reviewing applications, the Program's screening committee will determine whether a particular case is appropriate for inclusion within the Program, relying in part on the following minimum criteria:

1. Availability of disciplinary case defense coverage under an applicable insurance policy;
2. Financial need of the applicant (see attached);
3. Extraordinary assets, expenses, or circumstances affecting the applicant;
4. The number of cases currently in the program; and
5. The number of lawyers who are available to provide assistance through the program.

¹ Because the Program's financial standards may differ from those of other programs through which lawyers providing pro bono services may qualify for CLE credits, this Program may not meet the CLE requirements set forth in Co.R.C.P. 250.9.

² The CBA Ethics Committee is a volunteer committee of the Colorado Bar Association. It is not a department or agency of the Colorado Supreme Court, the Office of Attorney Regulation Counsel, the Office of Presiding Disciplinary Judge, the State of Colorado, or any governmental entity. The CBA Ethics Committee Assistance Program for OARC Disciplinary Matters is a volunteer program of the CBA Ethics Committee; it is not a program of the Colorado Supreme Court, the Office of Attorney Regulation Counsel, the Office of Presiding Disciplinary Judge, the State of Colorado, or any governmental entity. No attorney-client relationship is formed with the Program, the CBA Ethics Committee, or the CBA. All attorney-client relationships, if formed, are between the individual client and the lawyer providing services.

If accepted into the Program, the applicant is responsible for paying all costs associated with the case. However, applicants will not otherwise be charged for legal fees for the limited scope services.

This is a limited scope representation. *See* Colo.RPC 1.2(c) and Ethic's Committee Formal Opinion 101. The lawyer providing representation by referral of the Program may provide the following services to the applicant:

1. Reviewing the case file and relevant documentation provided by the applicant;
2. Conferring with the applicant to discuss the facts of the case;
3. Evaluating the allegations against the applicant and potential defenses to those allegations;
4. Outlining the applicant's options and discussing potential courses of action; and
5. Providing information regarding the applicable law and procedures for the course of action decided upon.

Once the above services are completed, the lawyer providing representation has no further obligation to assist the applicant.³ The applicant may request additional services from the participating lawyer. If the lawyer providing representation is unable or unwilling to provide additional services, the applicant can request that the screening committee identify another participating lawyer to provide the additional services requested. The screening committee will consider all such requests based on the criteria set forth above but is not obligated to designate counsel for additional services.

³ The lawyer providing representation may terminate the representation prior to completion of the services provided such termination complies applicable law, including without limitation, ColoRPC 1.16.

**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
Street Address (Include Apt. # if applicable)		
City	State	Zip Code
Cell Phone	Date of Birth	
Employment		
Most Recent Employer _____		
Work Address _____		
Work Phone _____		
Dates Employed _____		
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: _____
Household		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Number in Household (including yourself) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		

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)	\$
Total Income	\$	Total Expenses	\$
Cash on Hand (Cash you are carrying or which is stored at home, etc.)	\$	Credit Cards: (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:	
Stocks, Bonds, or other Investments Held Balance	\$	_____ Name/Location of Company/Corporation	
		Type of Investment _____	
		_____ Name/Location of Company/Corporation	
		Type of Investment _____	
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Year _____ Model _____ License Plate _____	
		Year _____ Model _____ License Plate _____	
House(s) or other Property 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.**