



Pittsburgh Pro Bono Partnership

Custody Conciliation Project

If you are a low-income individual, you may be eligible for a *pro bono* (free) attorney from the Custody Conciliation Project. This project is open only to low-income individuals and families who meet the income guidelines of the program. This program is available for custody conciliations scheduled before the Custody Hearing Officer ONLY and not for proceedings scheduled before the Judge or other matters. Please read the following information carefully.

To determine your eligibility for this program, you must do the following:

1. Complete the information requested on the attached self-assessment form, **as soon as possible**. The form must be completed in full, or your request will not be considered.
2. Provide the date of your scheduled conciliation OR combined Interim Relief Hearing/conciliation on the form. Interim Relief Hearings only are NOT eligible for this program.
3. Email the self-assessment form to: custodydepartment@alleghencourts.us or drop off to the Family Law Center Custody Department, Suite 130, 440 Ross Street, Pittsburgh, PA 15219. You must do this at least 10 days before the date of your conciliation or you will not be eligible to request an attorney.
4. Requests are more likely to be fulfilled if the form is submitted further in advance of your scheduled date. Please understand that you are not guaranteed an attorney—we must first determine if you meet our eligibility guidelines AND a volunteer must be available to represent you.

If you are eligible for the program and if an attorney is available to represent you, you will receive a telephone call from the attorney assigned to your case. You must leave a contact number at which a message can be left. If you are not available when the attorney calls and a message is left, you must return the call within 24 hours. If you do not follow these

instructions, the attorney is not required to represent you.

The Custody Department cannot provide any information to you as to the status of your application request and/or fulfillment of an attorney volunteer. Any communications to the Custody Department about the same will not be returned. Once your form is submitted to the Custody Department, it will be passed through to the Custody Conciliation Project and they will be in touch with you. The Custody Department does not make any determinations as to eligibility and does not secure volunteers for you.

The attorney will be entering a limited representation for the conciliation ONLY. The attorney will not represent you in any other custody proceedings.

If it is determined that you are not eligible for the program, you will receive a letter from the Custody Conciliation Project stating the reason why you are not eligible.

ELIGIBILITY SELF-ASSESSMENT FORM

Complete the following information.

Case Docket #

Name:

Address:

City:

State:

Zip:

Telephone number(s) where message can be left:

Date of Conciliation:

Name of Other Party:

Complete the chart in full below to show **TOTAL HOUSEHOLD INCOME**. You may be asked to provide proof of your income.

- Give names, ages, and income of all household members.
- **HOUSEHOLD INCLUDES**: a spouse or someone living with you with whom you have a child, and children under 21 years old.
- **HOUSEHOLD DOES NOT INCLUDE**: parents, brothers or sisters, or someone living with you with whom you do not have a child.
- Income includes income from employment, self-employment or unemployment or workmen's compensation; public assistance (TANF or General Assistance); Social Security (including SSI and SSD); spousal or child support; assistance from family members; pensions of any kind; veteran's benefits. To calculate income from hourly wages, use the following formula:

$$\begin{array}{ccccccc} & \text{X} & & = & & \text{X } 4.3 & = \\ \text{Rate per hour} & & \text{Hours worked per week} & & \text{Total weekly income} & & \text{Total monthly income} \end{array}$$

NAME	RELATIONSHIP	AGE	SOURCE OF INCOME	AMOUNT OF TOTAL MONTHLY INCOME
	Myself			
	Spouse/ Significant Other			
	Child			
	Child			
	Child			

TOTAL HOUSEHOLD MEMBERS:

TOTAL HOUSEHOLD INCOME:

I hereby certify that, to the best of my knowledge, the eligibility information contained in this self-assessment form is true, correct, and complete. If I am assigned an attorney, I agree to report any changes in circumstances immediately.

Date:

Client Signature: