



Eligibility Guidelines

GAPS Legal, PLLC (GAPS) is dedicated to increasing access to legal services for guardianship and guardian advocacy matters by use of a sliding-scale fee to provide high quality and affordable legal services tailored to your specific needs.

GAPS understands that large retainers are not affordable for many people. To address this, we will adjust our hourly fee based on income and asset criteria.

A retainer deposit (down-payment) will be required for us to begin working on your case and will depend on the nature of your case, whether you need self-help, limited-scope, or full representation. It will also depend on the specific facts of your case. No case is exactly the same. We require the completion of our Request for Services and Eligibility Form before we can schedule a consultation (telephonic or video) to discuss your case. There is a \$25 administrative fee for this call. During the consultation, an attorney will discuss your case, including your options for representation, and give you a quote for a retainer deposit and the hourly fee at that time. You can schedule a consultation by calling the office number at 954-315-4801, scheduling online through our website at www.gapsattorneys.com, or sending us an email at info@gapsattorneys.com.

At GAPS Legal, PLLC, we know how difficult it can be to apply for any kind of low cost or free services, so our process is extremely streamlined.

Step 1:

Complete the Request for Services and Eligibility Form

Step 2:

Schedule consultation call (telephonic or video)

Step 3:

Sign retainer agreement.

For an idea of the expected hourly rate, we use the federal poverty guideline calculations after determining your adjusted monthly income (income, plus asset calculation, less medical expenses)

Base Rate.....	\$350/hr
Income Between 136% and 199%	\$262.50/hr (25% discount)
Income Between 101% and 135%	\$175/hr (50% discount)
Income Between 0% and 100%	\$87.50/hr (75% discount)

Waiting List:

In order to offer alternative fee arrangements and ensure the integrity of our services, we must maintain a caseload from clients that have a range of incomes. If we cannot take your case immediately, you can request to be placed on a waiting list and your position will be reserved.



Request for Legal Services Form

Both this Request for Legal Services Form and the Eligibility Form must be received by GAPS Legal, PLLC before we are able to consider your request for legal assistance. Your request will be evaluated as soon as possible and, if accepted, may require the payment of an appropriate retainer fee before legal assistance will be provided.

If you need help filling out this application, or if you want to apply over the phone, please call us at 954-315-4801. Sometimes you may have a hard time getting through on the phone. We want to hear from you, so please keep trying or leave us a voice mail and we will return your call as soon as we can.

This form can be printed and mailed to us, submitted by fax, or emailed to us.

All the information that you provide in this application is strictly confidential.

1) Applicant Information (proposed Guardian or Guardian Advocate):

Name (First/MI/Last): _____

Mailing Address: _____

City State Zip: _____

Phone Numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

E-mail Address: _____

2) What type of problem do you need help with?

- Guardianship
- Guardian Advocacy
- Elder Law
- Government Benefits
- Wills, Trusts, & Health-Care Directives
- Other _____

3) Provide the details of the person you are concerned about (for example, your adult child, parent, spouse):

His/Her Name (First/MI/Last): _____

His/Her SSN (last four digits only): _____

Date of Birth - mm/dd/yyyy (if known): _____

Age: _____

His/Her mailing address: _____

City State Zip: _____

His/Her phone numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

His/Her E-mail Address: _____

Former Name(s) or aliases for this person has used or is currently using: _____

Maiden Name (if applicable): _____

Is this person represented by an attorney? _____ Yes _____ No

If yes, please include the name, address and phone number(s) of the attorney: _____

4) Hearing and Deadlines:

A. Have you been served any court documents? _____ Yes _____ No

a) If yes, what date were you served with papers? _____

b) Are there any deadlines that you know of? _____ Yes _____ No

i. If yes, what is the deadline? _____

ii. Is there a hearing or court date scheduled? _____ Yes _____ No

iii. If yes, what is the date and time of the hearing? _____

Please provide copies of all relevant materials supporting the information supplied in section 4) above.

5) Briefly describe your problem:

I/we submit and sign this form by stating that the information provided is complete, true and accurate in every material respect and that , if found to be otherwise, GAPS Legal, PLLC may decline to represent me/us and/or immediately withdraw from any further representation.

Print Name: _____ Date: _____

Signature: _____

Please submit this signed, dated and completed form AND your signed and dated Eligibility Form to:

GAPS Legal, PLLC - 1580 Sawgrass Corporate Parkway, Suite 130, Sunrise FL 33323

Phone: 954-315-4801 Fax: 954-405-8724 E-Mail: info@gapsattorneys.com



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we will return your call as soon as we can.

In addition to providing the information below, a completed Request for Legal Services Form must accompany this form. If the Request for Legal Services Form is not included, your request for legal assistance will not be considered until the completed form is received.

All the information that you provide in this application is strictly confidential.

1) Applicant Information (proposed Guardian or Guardian Advocate):

Your Name (First/MI/Last): _____

Your SSN: _____

Date of Birth (mm/dd/yyyy): _____

Mailing Address: _____

City State Zip: _____

Phone Numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

E-mail Address: _____

Your marital status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Other: _____

Maiden Name: _____

Former Name(s): _____

Other Names you have gone by: _____

Your race - check all that apply (OPTIONAL):

_____ White _____ African-American _____ Asian or Pacific Islander _____ Hispanic _____ Native American

_____ Other: _____

Do you speak a language other than English at home?

_____ No _____ Yes (if yes, which language): _____

Are you a Veteran of the U.S. Armed Forces? _____ Yes _____ No Describe: _____

2) Your household (list the names of each member of your household, their relationship to you (for example, spouse, son, daughter, boy/girlfriend, etc.):

Full name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Household Income Information:

Please provide accurate documentation (e.g. copies of payment stubs, tax returns, government communications and/or similar and recent documentation) to support the information supplied below.

Are you employed? ____ Yes ____ No

Name and address of most recent employer: _____

If yes, how much money do you earn each month before taxes? _____

Is anyone else in your household employed? ____ Yes ____ No If yes, who? _____

If yes, how much money do he/she/they earn each month before taxes? _____

Other income information (please list monthly amounts or zero (0) if none received):

Type of Income	You (Amount)	Other Person (Amount)
SSI:	_____	_____
Soc. Sec. Disability:	_____	_____
Soc. Sec. Retirement:	_____	_____
Child Support:	_____	_____
Spousal Maintenance/Alimony:	_____	_____
Pension & Retirement Benefits:	_____	_____
Interest/Dividend/Annuity:	_____	_____
Veteran's Benefits:	_____	_____
Unemployment:	_____	_____
Worker's Compensation:	_____	_____
Other:	_____	_____

4) Asset Information:

If you or anyone in your household has any of the following, please fill in the value and provide documents for each item listed. For example, if you or someone in your household has a checking or saving account and there is no money in it, enter zero (0):

Type of Assets	You (Account #last 4 digits; Amount)	Other Person (Acct #last 4 digits; Amt)
Checking, Savings, Cash:	_____	_____
Checking account:	_____	_____
Saving account:	_____	_____
CDs:	_____	_____
Stocks/Bonds/Mutual Funds:	_____	_____
IRAs:	_____	_____
Trust Accounts:	_____	_____
Other:	_____	_____

Vehicles (please list all vehicles):

Year	Model	Value	Money Owed
_____	_____	_____	_____
_____	_____	_____	_____

Recreational Equipment (boats, guns, jet skis, horses, motorcycles, etc.):

Year	Model	Value	Money Owed
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate:

Do you: _____ own a home? _____ have a mobile home? _____ rent apartment or home? (Monthly Rent \$ _____)
_____ live with relatives? _____ live with friends? _____ other _____

If you own a home, fill in information below.

Description (physical address): _____

Value: _____ Money Owed: _____ Mortgage Holder & Account # : _____

Property Tax (please include copy of statement): _____

Do you own any property other than where you live? _____ Yes _____ No (If yes, please describe other property below).

Description (physical address): _____

Value: _____ Money Owed: _____

5) Debt Information: (individual and/or joint)

Credit Card (name, last 4 digits acct# and amount): _____

Credit Card (name, last 4 digits acct# and amount): _____

Credit Card (name, last 4 digits acct# and amount): _____

Loan (company, #, amount, monthly payment): _____

Loan (company, #, amount, monthly payment): _____

Other: _____

6) Monthly Medical Expenses: (individual and/or joint)

Supplies, co-pays (monthly amount): _____

Medical insurance premiums (monthly amount): _____

Prescription medications (monthly amount): _____

Other: _____

I/we submit and sign this form by stating that the information provided is complete, true and accurate in every material respect and that , if found to be otherwise, GAPS Legal, PLLC may decline to represent me/us and/or immediately withdraw from any further representation.

Print Name: _____ Date: _____

Signature: _____

7) Please submit this signed, dated and completed form AND your signed and dated Request for Legal Services Form to:

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