Prince William County Bar Association
MODEST MEANS PANEL
Application for 2026
(Effective dates: 2-2-26 through 2-2-27)

Attorney Name_____ Firm Name_____

Street Address (REQUIRED)_____

City, State, Zip_____

Office Telephone _____Office Email (REQUIRED) _____

Foreign Language(s) Spoken _____

Referral Categories: Please check which categories in which you would like to receive referrals. Legal Services of Northern Virginia will provide client intake screening on civil matters for the Prince William County Bar Association Modest Means Panel, (PWCBA MMP), and will refer to the PWCBA MMP clients where there is a conflict, or whose income falls between 200 % and 250% of the federal poverty guidelines. The Prince William County General District Court will provide client intake screening on criminal matters for the PWCBA MMP and will refer to the PWCBA MMP clients whose income falls between 125% and 175% of the federal poverty guidelines. Practice areas of law are limited to the following, please check all that apply:

Civil Matters

☐Wills/Estates ☐Family Law ☐Landlord Tenant ☐Consumer ☐Elder Law ☐Collections
☐Other (Please Specify) _____

Criminal Matters

☐Misdemeanor ☐Felony

In applying for participation in the Prince William County Bar Association Modest Means Panel, I certify the following:

1. I am a regular member in good standing of the Prince William County Bar Association and of the Virginia State Bar, with a *bona fide* office for the private practice of law in the Thirty-First Judicial Circuit, and I have completed a minimum of one year of active practice. I understand that members of the PWCBA MMP will be grouped alphabetically and will receive referrals on a rotating basis.

2. I agree to abide by the Rules of the PWCBA MMP including:

   A. Completion of the annual registration form by the deadline specified. New members may be added at any time.

   B. Acceptance of referrals made to me in the areas I have indicated, excluding clients where there exists a conflict of interest, and assurance that I will promptly meet with a client referred to me through the PWCBA MMP either in person, or via telephone conference, for up to 30 minutes, at no charge to the client*. I will receive notice of client referrals via email from the PWCBA MMP to the email address provided above. The PWCBA MMP will be responsible for collecting the $35.00 referral fee prior to making the referral. The client will be responsible for contacting the lawyer to make the appointment. The lawyer assures the PWCBA MMP that they or a staff member will be available to schedule client meetings. *If the initial client meeting extends beyond 30 minutes, and if standard attorney fees will then apply, the attorney must advise the client accordingly.

   C. **Participating attorneys shall not be required to accept a case, however, if a case is accepted, the case shall be handled on the following fee and deposit terms: Participating attorneys shall charge PWCBA MMP clients a rate not greater than $150.00 per hour, plus court costs, for services provided beyond the initial consultation. The attorney may require the payment of a deposit not to exceed $1500.00 as a condition of employment. The attorney may require additional deposits, not to exceed $1500.00 each, upon depletion of the initial or any subsequent deposit. All deposits shall be treated in accordance with the trust account regulations of the Virginia State Bar. Participating attorneys shall memorialize the terms of their engagement by a written retainer agreement. A sample agreement is available from the PWCBA.**

APPLICATION CONTINUES ON THE BACK

D. Maintenance of professional errors and omissions insurance in an amount not less than $100,000.00/$300,000.00 as long as I am a member of the PWCBA MMP. I further agree to indemnify and hold harmless the Prince William County Bar Association and its members from any claim or liability that might arise as a result of my acts or omissions regarding any client referred to me through the PWCBA MMP. Enclosed is a copy of the declarations page of my insurance policy which shows the amount of coverage, the effective date of the policy and names me as an insured.

E. Assurance that I am competent and experienced in each of the categories I have selected for receiving referrals through the PWCBA MMP; and that I will not represent or advise any client in contravention of the Virginia Code of Professional Responsibility (including Canons & Disciplinary Rules.)

3. I understand that I may be removed from the PWCBA MMP if I do not comply with any of the stated provisions. The Executive Board of the PWCBA provides oversight of the PWCBA MMP. Inquiries concerning the volume of referrals received should be directed to the Executive Director of the PWCBA. If a member is removed from the PWCBA MMP, he or she will be notified in writing of such action by the President of the Bar.

_____ _____

Date Signature

THERE IS NO ANNUAL FEE TO PARTICIPATE IN THE PWCBA MMP. PLEASE COMPLETE AND ENCLOSE THIS FORM ALONG WITH YOUR INSURANCE POLICY DECLARATIONS PAGE.

Mail completed application to: PWC Bar, P.O. Box 31, Manassas, VA 20108

ELIGIBILITY CONFIRMED ☐ PWCBA ☐ VSB

☐ INSURANCE FACE SHEET INCLUDED