

The Veterans Consortium

PRO BONO PROGRAM

Providing Representation to Veterans at the U.S. Court of Appeals for Veterans Claims

Financial Disclosure Form

To qualify for our program, we need to know your income from salary and wages from employment.

We do not need to know the value of your assets or the amount of any disability, welfare, pension, social security, or other federal, state, or local benefits you receive. They are not considered in determining your financial eligibility.

1. Are you now employed? (circle one) yes no
a. If the answer is "yes", state the gross amount of your monthly salary or wages and the name and address of your employer.

\$ _____

- b. If the answer is "no", state the date of your last employment. If the date of your last employment was less than a year ago, state the amount of your monthly salary or wages.

2. List the name, age and relationship of each member of your family who resides with you or for whom you provide support.

3. At the time you filed your appeal with the Court, was your net worth, including all property, money and possessions, less than two million dollars?

(circle one) yes no

I state under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date _____ Signature _____

Printed Name _____

Six Digit Court Of Appeals Docket Number _____

INSTRUCTIONS

If you want to be considered for representation under The Veterans Consortium Pro Bono Program, you must complete and sign this form and send it to:

The Veterans Consortium Pro Bono Program
701 Pennsylvania Avenue, NW, Suite 131
Washington, DC 20004

Do not send this form to the court.