

APPLICATION FOR PRO BONO REFERRAL FROM COLORADO LEGAL SERVICES
1000 West 6th Street, Suite I, Pueblo CO 81003 719-545-6708 ext. 333 Fax: 719-545-0961

Kemps #: _____

Date of Application: _____

Problem Code: _____

1. Applicant's Legal Name _____
 First Name Middle Name Last Name

2. Applicant's Mailing Address: _____
Safe to contact you here? Yes No City, State, ZIP County of Residence

3. Phone (H) (_____) (W) (_____) Cell/Other (_____)
Safe to call? Yes No **Safe to call?** Yes No **Safe to call?** Yes No

4. Your email address: _____ **Safe to email you?** Yes No

5. Last 4 digits ONLY of Social Security Number: ### - ## - _____

6. Marital Status Single Married Separated (But Married) Divorced Widowed

7. Date of Birth _____ Age _____ 8. Sex: M F 9. Primary Language _____

10. Race: White Black Hispanic Native American Asian Other Undeclared

11. Your Husband or Wife: _____
 First Name Middle Name Last Name Date of Birth

12. Are you a Citizen? Yes No (If "yes", please sign Declaration in #13, below)

Are you a permanent resident? Yes No # _____
 Other legal status? Yes No

For office use only: date received

13. If you are a Citizen, please sign the following declaration:

I declare that I am a citizen of the United States of America.

Date: _____ Signature _____

14. Do you have a disability? None Physical Mental
 Please describe your disability: _____

15. Are you a victim of domestic violence? Have you been threatened or hurt by a spouse or partner, or by someone else close to you (family or close friend)? Yes No

16. Have you or any member of your household served in the military, including the Reserves or National Guard? Yes No

17. Your Living Arrangements: Own Rent Other _____

18. No. of Adults in your Home _____ No. of Children in Home _____ Household Total _____

19. Household Monthly Gross Income Before Taxes & Expenses are Deducted	Your monthly Gross income	Your Spouse's Gross income	Other Residents' Gross income
Employment	\$ _____	\$ _____	\$ _____
Welfare Benefits: <input type="checkbox"/> TANF <input type="checkbox"/> OAP <input type="checkbox"/> AND	_____	_____	_____
<input type="checkbox"/> Soc. Sec. Disab. or <input type="checkbox"/> Retirement	_____	_____	_____
SSI	_____	_____	_____
<input type="checkbox"/> Unemployment; <input type="checkbox"/> Worker's Comp	_____	_____	_____
Income from <input type="checkbox"/> Dividends, <input type="checkbox"/> Interest,	_____	_____	_____
<input type="checkbox"/> Other Investments, <input type="checkbox"/> Rents,	_____	_____	_____
<input type="checkbox"/> Royalties, <input type="checkbox"/> Estates, <input type="checkbox"/> Trusts)	_____	_____	_____
Other: <input type="checkbox"/> Child Support, <input type="checkbox"/> Alimony, <input type="checkbox"/> Pension,	_____	_____	_____
<input type="checkbox"/> Military Allotments, <input type="checkbox"/> any support money received regularly, <input type="checkbox"/> regular insurance or annuity payments, <input type="checkbox"/> VA Benefits	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

For office use: Household income is _____ % of poverty level.

Applicant's Name: _____

20. Household Assets (Total amounts for applicant, spouse and all other residents)

Please write the amount in each space or write "none"

Real Estate equity (not including residence)	\$ _____	Cash on hand	\$ _____
Equity in vehicles not used for transportation	_____	Checking Account	_____
Household goods (value in excess of \$3000)	_____	Savings Account	_____
Wearing apparel (value in excess of \$1500)	_____	CD's, Money Mkt, etc.	_____

For office use: Household assets are listed and are within financial eligibility guidelines.

21. Is your income likely to change significantly in the near future? Yes No
(If yes, explain how income is likely to change: _____)

22. If you listed no income above, how are you supporting yourself? _____

23. Please tell us what you pay each month for: rent/mortgage: _____ medical care/insurance: _____
child care: _____ other (what is it?): _____

24. If your mailing address is different from your street address, please tell us your street address:
Street _____ City, State _____ County _____

25. How did you hear about our program? _____

26. If you own a home, please tell us how much equity you have in your home: \$ _____

27. _____
Person filling out application (if not Applicant) Phone Relationship to Client

YOUR LEGAL PROBLEM:

28. Brief Description of Your Legal Problem: _____

29. Name(s) of Adverse/Opposing Party _____

30. Deadlines (Court dates, Answer dates, etc.)? _____

31. What County is your legal problem in? _____

32. Please tell us what you would like to do about your legal problem: _____

Signature

Date

FOR LEGAL SERVICES USE: Is this client eligible for services? yes no

Colorado Legal Services
DECLARATION OF CITIZENSHIP FORM

Case No. _____

Date of Intake: _____

Client name: _____
(print)

I am a citizen of the United States of America.

Date: _____

Signature: _____

We will access all your criminal and arrest records

A pro bono attorney will review your records and determine if you are eligible to seal your records under Colorado Law. We will call you and send you a letter.

- We will prepare all the petitions for the court, the fee waiver and the CBI report .
- Please make sure you keep us updated with your phone number and address.

It will take about 10 days in most cases for your case to be accepted and reviewed depending on the program case load.

SEALING A CRIMINAL RECORD QUESTIONNAIRE

Applicant's Name: _____ Date: _____

1. Why do you want to seal your criminal record? _____

a. What were you charged with on that date? _____

2. What criminal charge are you seeking to have sealed? _____

a. On what date were you charged? _____

b. Where is the record located? _____

For example, Pueblo County Court, or Pueblo County Sheriff's Arrest Record, etc.

c. What was the result of the charge?

Conviction Dismissal Acquittal Deferred Judgment Other _____

d. Was this charge reduced as a result of a plea bargain? Yes No

e. Were you ordered to pay restitution, fines or fees relating to this charge? Yes No

3. f. If yes, have you paid 100% of that money? Yes No

4. Do you have additional criminal charges that you want to seal? Yes No

What criminal charge are you seeking to have sealed? _____

On what date were you charged? _____

Where is the record located? _____

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What criminal charge are you seeking to have sealed? _____

On what date were you charged? _____

Where is the record located? _____

6. Additional information: _____

CLIENT RIGHTS AND DUTIES

Revised 0909

THIS AGREEMENT is between you and Colorado Legal Services, and Pueblo County and Southeast Colorado Pro Bono Project (a local office of Colorado Legal Services). You are applying for help with a civil legal problem.

This agreement is for the legal problem that you told us about in your application. If you have another legal problem and want help with it, you must fill out a new application with us.

We help people whose income and assets are within the limits set for our program by federal rules. If your income and assets are within our limits, we are allowed to help you. If your income or assets increase while we are helping you, you must tell us. We may have to stop helping you if your income or assets become too high.

We do not have enough staff lawyers and paralegals, or volunteer lawyers and paralegals, to help everyone who applies. We will look at your case to see if we can give you advice or if we can find a lawyer to represent you.

If we help you, you will not have to pay any fees to us or to a volunteer lawyer or paralegal. But you may have to pay any costs of your case such as court filing fees or other costs. We will check to see if court costs can be waived for you.

Once we have your application, while we are deciding if we can help you, you are responsible for your case, and must take care of any deadlines or notices. You must tell us about any deadlines that you know about in your case.

We can't make any promises to you about how your case will be handled, or how it will end. You may win or lose, or you may settle with the other side. You have the right to decide if you want to settle your case or not. We have the right to tell you what we can do for you, and we can refuse to do what you want us to do—if we don't think it's the best thing for you, or if we don't think it's ethical, or if we don't have any staff or volunteers to help with your case. We can also stop helping you if you don't cooperate with us or with your volunteer lawyer or paralegal.

YOUR RIGHTS:

1. To receive respect, courtesy and professionalism from us and from anyone who helps you.
2. That we will keep everything about your case confidential (private), although we can talk to volunteer lawyers or paralegals about your case to see if they will help you.
3. That we will handle your case in an ethical manner and not break any rules or laws.
4. That we will answer your questions and concerns as quickly as possible.
5. That we will keep you informed of the status of your case.
6. To make your own decision about how your case is handled, if a lawyer or paralegal is helping you.
7. To be told about what might happen if you lose your case, including if you might owe attorney fees to the other side.
8. To receive help without regard to race, creed, color, religion, gender, sexual orientation, age, national origin or disability.
9. To ask us to explain anything in this form or any other paper we give you.
10. To tell us to stop helping you, if you change your mind or don't like what we are doing for you. If your case has been filed in court, the judge must allow your staff lawyer or volunteer lawyer to stop helping you.
11. To complain if you don't like how we handle your case, or how you are treated by us.

YOUR DUTIES:

1. To give us respect and courtesy. This includes both staff and volunteers who work with you.
2. To give us all the information we need to decide if we can help you, and all the information needed to help you if we accept your case.
3. To tell us the truth about your case, without exception.
4. To work with us on your case, and keep in touch. If your address or phone number changes, you must tell us. If you are referred to a volunteer lawyer, you must work with and respect your lawyer just as we ask you to work with and respect our staff. This includes anyone in your volunteer lawyer's office or anyone you are asked to work with while you are being helped with your case.
5. To read this form, and any other form we ask you to sign, and to ask questions if you don't understand it.

I HAVE READ AND UNDERSTOOD THE *CLIENT RIGHTS AND DUTIES*.

You sign here

Date

We will sign here

Date

FEE WAIVER WORK SHEET

Please read the following information on court fee waivers:

This following information is required by the Court to waive filing fees.

- The Court requires:
 - 3 months of your bank statements
 - 3 months verification of income
- If you receive TANF, food stamps, SSI or SSDI please provide your award letter. Your letter will serve as income verification as required by the Court.

If you do not have a bank account or employment income, we will prepare an affidavit required by the Court.

Do not bring in your verification until we call you to sign your court documents and your case is ready to file. All verification must be current to the date filed.

Name of Applicant		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City		State Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
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: _____		
-		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Divorced/Civil Union Dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Number in Household: (including yourself) _____		
Identify Members:		
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____

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 \$ _____	
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 _____ _____	
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 _____	