

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

*****Each person applying to adopt must sign the declaration of citizenship form and the Client's Rights and Duties Form.*******

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: _____

Colorado Legal Services
Pueblo County and Southeast Colorado Pro Bono Project
Gail Rodosevich
719-545-6708, ext 333

CLIENT RIGHTS AND DUTIES

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.

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

KINSHIP ADOPTION QUESTIONNAIRE

The Petitioner(s) relationship to the child aunt uncle sister brother half-sibling 1st cousin or grandparent.

If you are married, does your spouse wish to adopt? Yes ___ NO ___

Information about the Petitioner(s):

Petitioner #1: (Your Full Name) _____

All prior full names: _____

Date of Birth: _____ SS#: _____ Race: _____

Place of Birth: _____

Address, Physical AND mailing: _____

City & Zip: _____

Date of move in: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Email: _____ Length of Residence in Colorado: _____

Driver's Licence # _____ State _____

Previous Address, Physical AND mailing: _____

Date of move in AND move out _____

Occupation: _____

Petitioner #2: (Full Name of Spouse) _____

All prior full names: _____

Date of Birth: _____ SS# _____ Race: _____

Place of Birth: _____

Address, Physical AND mailing: _____

City & Zip: _____

Date of move in: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Email: _____ Length of Residence in Colorado: _____

Driver's Licence # _____ State _____

Previous Address, Physical AND mailing: _____

Date of move in AND move out _____

Occupation: _____

If applicable, maiden name of adopting mother: _____ Date of Marriage: _____

Have you been convicted of a felony or misdemeanor in any of the following areas, if yes, please check the appropriate box and identify for the date of the conviction and if it was a felony or misdemeanor.

- child abuse or neglect on _____ (date). Felony Misdemeanor
- spousal abuse on _____ (date). Felony Misdemeanor
- any crime against a child on _____ (date). Felony Misdemeanor
- any crime to include an act of domestic violence on _____ (date). Felony Misdemeanor
- violation of a Protection/Restraining Order on _____ (date). Felony Misdemeanor
- any crime involving violence, rape, sexual assault, or homicide on _____ (date).
Felony Misdemeanor
- any felony involving physical assault or battery on _____ (date). Felony Misdemeanor
- any felony drug-related conviction within the past five years, if yes , _____ (date).
Felony Misdemeanor

Identify all children of the Petitioner(s) (both natural and adopted and both living and deceased).

Full Name of Child	Date of Birth – note if deceased	Male/Female

Facts concerning the child to be adopted.

Full Name: _____ Date of Birth: _____

Place of Birth: _____ Relationship of child to Petitioner(s), _____

Place of Residence: _____

The child is is not a member or eligible to be a member of an Indian tribe as defined by the Indian Welfare Act. If applicable, name of tribe _____.

The child has been in the care and custody of Petitioner(s) since _____ (date).

Who has legal custody of the child _____ (name).

Has the child inherited any property: _____

Where did you live when this child was born?

_____ Street Address City State Zip Code

Are there any court orders concerning the child to be adopted? If yes:

legal guardianship case number _____ allocation of parental responsibilities case number _____

Department of Social Services Dependency and Neglect Action ? Yes _____ NO _____ If yes, is this case open? YES _____ NO _____ Case Number _____

Information about the Birth Parents of the Child:

Full name of birth father: _____

Date of Birth: _____ Street Address City State Zip Code

Date and location when last seen: _____

Full name of birth mother: _____

Date of Birth: _____ Street Address City State Zip Code

Date and location when last seen: _____

Will the birthmother consent to this adoption? Yes _____ NO _____

Will the birthfather consent to this adoption? Yes _____ NO _____

The name of the child will be changed to: (First, middle and last name) Name _____

MOTION TO: FILE WITHOUT PAYMENT OF FILING FEE WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT

I, _____ respectfully move the Court for an order to waive the following filing fee(s): complaint petition answer response motion to modify other: _____ and as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

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: _____								

Name of Other Responsible Party (Spouse, Partner, Parent, Other Persons in Household)

Work Phone #: () _____			First Name			MI		
Dates Employed: _____								
Street Address (Include Apt. # if applicable)								
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: _____		
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: Single Married Partner in a Civil Union Divorced/Civil Union Dissolved Separated Widowed

Number in Household: (including yourself) _____

Identify Members: _____ **8** _____

Revised 01/2020 GR
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	\$	_____ Type of Investment Name/Location of Company/Corporation _____	
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 _____	
IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.			

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Court to make any necessary contacts to verify the information.

Signature: _____ Date: _____

Date provided _____

Initial _____

Client Name _____

Document list and fee disclosure

The following list of documents are required at your initial meeting:

- Child's birth certificate
- Client driver's license and is also required for your spouse
- Marriage Certificate
- Death certificates if the birth parents are deceased
- Any court papers/orders involving the child

Fee Disclosure

There is not any fee or charges by Colorado Legal Services for this adoption program. The attorney assigned to your case is a private attorney who has agreed to represent you at the hearing. The attorney will be a pro bono attorney and will not charge you. You are responsible for the miscellaneous out-of-pocket fees that might include filing fees and will include the background history fees as required by the State of Colorado in an adoption procedure. These fees are listed in this in this disclosure.

***** The following fees are required at your initial meeting**

- The adoption petition filing fee is \$167.00

If additional children then a fee (per child) of \$3.00 administration for vital statistics

** Pueblo Kinship Adoption Program will request a waiver of adoption petition filing fees if you are eligible by state guidelines.

** If you are not eligible for the state fee waiver the filing fee is required at the initial meeting

- Money orders for:

CBI & FBI - \$34.50

DSS Trailcheck - \$35.00

New birth certificate fee will be (for each child) payable by money order once the adoption is granted at the final hearing.

- \$20.00 for new birth certificate (Effective July 1, 2018)
- \$13.00 for each additional birth certificate(s) ordered at the same time.