

APPLICATION FOR LEGAL ASSISTANCE FROM COLORADO LEGAL SERVICES



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

****Please fill out both sides of this form****