

***Colorado Legal Services***  
**Northwest Colorado Legal Services Project**  
P.O. Box 1895, Dillon, CO 80435  
Telephone 970-668-9612 | Fax 970-668-9642  
pcraig@colegalserv.org  
[www.coloradolegalservices.org](http://www.coloradolegalservices.org)  
*1-800-521-6968*

**Information for Clients**  
**Please Read and Keep This Letter**

Thank you for contacting the Northwest Colorado Legal Services Project regarding your legal problem.

Enclosed are an application and other forms we need you to complete in order for us to determine if we can help you with your problem. Feel free to include an extra sheet of paper to write down additional information, comments or questions.

Please read the forms carefully, complete them as soon as you can and return them to the address listed above. **PLEASE INCLUDE COPIES** of any court papers, leases, or other papers which are necessary to understand your case.

Remember that **you are responsible for any deadlines** in your case unless and until we find an attorney to represent you.

**IF YOU HAVE AN EMERGENCY SITUATION**, you must provide us with a phone number where we can reach you during the day. This number can be your cell phone, a neighbor's number, a work number, or a friend's number. You must be able to get messages quickly at this number. You should also call the toll-free telephone number (listed above) at least once each day to find out if we have a message for you or need to talk to you.

**IF YOU ARE FAXING YOUR APPLICATION TO US**, you must call us after sending your fax to make sure that we received everything that we need.

**IF YOU WANT TO BRING YOUR APPLICATION TO OUR OFFICE**, you must call first to make sure that someone is available to accept your application. Do not put your application under the door or leave it with someone who does not work for our program.

**PLEASE CALL** us two weeks after you return the forms, if you have not heard from us, to make sure that we received them and so that we can discuss the next step. Although we cannot promise that we will be able to find an attorney to take your case, we will do all that we can to help with your legal problem.

Thank you for contacting us about your problem. I hope we'll be able to help you. Please call us if you have any questions.

Sincerely,

Patricia Craig  
Administrator



# APPLICATION FOR LEGAL ASSISTANCE FROM COLORADO LEGAL SERVICES



**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<br>Before Taxes & Expenses are Deducted  | Your monthly<br>Gross income | Your Spouse's<br>Gross income | Other<br>Residents'<br>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<br>received regularly, <input type="checkbox"/> regular insurance or<br>annuity payments, <input type="checkbox"/> VA Benefits | _____                        | _____                         | _____                               |
| <b>TOTAL INCOME</b>   | <b>\$ _____</b>              | <b>\$ _____</b>               | <b>\$ _____</b>                     |

**For office use: Household income is \_\_\_\_\_ % of poverty level.**

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

# 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\****

Colorado Legal Services  
Northwest Colorado Legal Services Project

**CLIENT RIGHTS AND DUTIES**

Revised 0909

THIS AGREEMENT is between you and Colorado Legal Services, and Northwest Colorado Legal Services 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*.

\_\_\_\_\_  
Please sign here

\_\_\_\_\_  
Date

\_\_\_\_\_  
We will sign here

\_\_\_\_\_  
Date

Colorado Legal Services  
AUTHORIZATION FOR RELEASE OF INFORMATION  
Clients Referred to Volunteer Lawyers

Client: \_\_\_\_\_

Case: \_\_\_\_\_

Colorado Legal Services (CLS) often asks volunteer lawyers to help our clients. If we refer your case to a volunteer lawyer, you will still be a client of CLS, and you will also be a client of the volunteer lawyer. This Authorization allows CLS and your volunteer lawyer to talk to each other about your case, and to share information and documents about your case with each other.

This includes:

- Talking about your case (including the facts and legal issues involved);
- Talking about your eligibility for help by CLS and your volunteer lawyer;
- Talking about any difficulties the volunteer lawyer has while working with you;
- Sharing information about the outcome of your case;
- Sharing copies of court papers or other papers such as letters, agreements, or contracts;
- Giving your volunteer lawyer help with your case, which could include providing sample documents or help from another lawyer, whom your volunteer lawyer may need to talk to about your case.

Why do we need to do this?

- The volunteer lawyer is working with you because CLS asked the lawyer to volunteer to help you.
- CLS supports the volunteer lawyers and wants to help them do their best work on cases.
- CLS also needs to know that its rules are being followed, including making sure that you are eligible for help.

Who decides what happens in your case?

- You, the Client, decide what action should be taken in your case (after talking to your volunteer lawyer).
- Your volunteer lawyer decides if the action you choose to take is (1) legal and ethical; and (2) helpful to you; and (3) related to the case that CLS referred to your volunteer lawyer. (Volunteer lawyers should not help you with legal matters that are not part of the case that CLS asked them to help you with.)
- CLS decides which cases to refer to volunteer lawyers. CLS may also decide to pay a small fee to the volunteer lawyer (at a greatly reduced rate) for the help the volunteer lawyer gives to you. If CLS pays the volunteer lawyer, CLS and the volunteer lawyer will have an agreement about the legal work CLS will pay for, but CLS will not decide what action to take – you, the Client, will decide that.

Who pays?

- You, the Client, will be expected to pay for the costs of the case, including court filing fees, serving papers on the other side of the case, office costs like copies and postage, etc.
- Volunteer lawyers do not pay any costs. They are giving their time and skills to help you.
- You, the Client, do not pay the fees to the volunteer lawyer; you only pay the costs. CLS pays the volunteer lawyer, if your case is sent to a volunteer lawyer on a reduced-fee basis.

Your right to complain

- You have the right to complain if you don't like the way your case is handled, by CLS or by your volunteer lawyer.
- You can also decide at any time that you want to stop getting help from CLS or your volunteer lawyer, but you must let CLS and the volunteer lawyer know that you want him/her to stop helping you.
- You can cancel this Authorization at any time. (But CLS and your volunteer lawyer may have to stop helping you if you do that.)
- This Authorization ends when your case is over and is closed.

*I authorize CLS and my volunteer lawyer to share information, and I understand and agree to these terms.*

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date



**Northwest Colorado Legal Services Project  
DISSOLUTION OF MARRIAGE (DIVORCE)  
INFORMATION SHEET**

**Information About You**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_  
 Are you a U.S. Citizen?  yes  no  
 If no, please tell us your legal status: \_\_\_\_\_  
 and country of origin: \_\_\_\_\_. Is your spouse your sponsor?  yes  no  
 Will you need an interpreter?  yes  no What language? \_\_\_\_\_  
 When (date) did you become a resident of Colorado? \_\_\_\_\_ Do you intend to stay?  yes  no  
 Are you now in the military service?  yes  no What branch? \_\_\_\_\_

**Information About Your Spouse**

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_  
 Is your spouse a U.S. Citizen?  yes  no  
 If no, what is his/her legal status? \_\_\_\_\_  
 and his/her country of origin? \_\_\_\_\_.  
 Are you the sponsor for your spouse?  yes  no  
 When (date) did he/she become a resident of Colorado? \_\_\_\_\_ Does he/she intend to stay?  yes  no  
 Spouse's employer - name: \_\_\_\_\_ address: \_\_\_\_\_  
 Spouse's gross monthly income: \$ \_\_\_\_\_. How long has spouse worked for current employer? \_\_\_\_\_  
 Where can spouse be served with divorce papers?  home  work  other: \_\_\_\_\_  
 Is your spouse now in the military service?  yes  no What branch? \_\_\_\_\_

**Information About Your Marriage**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
 (city, state)  
 If you were married by common law, please tell us:  
 When did your marriage begin? \_\_\_\_\_  
 In what state were you living when your marriage began? \_\_\_\_\_  
 How long have you lived in Colorado since your marriage began? \_\_\_\_\_  
 We consider ourselves husband and wife.  
 We have lived together.  
 We sign documents such as leases and loan papers as husband and wife.  
 We file tax returns as a married couple.  
 Wife and Husband use the same last name.  
 We introduce each other as husband and wife.  
 We were both of legal age when we married each other.  
 Neither of us was married to anyone else when we married each other.  
 Are you separated from your spouse?  yes  no Date of Separation: \_\_\_\_\_  
 If you are not separated, what are your plans or wishes? \_\_\_\_\_



**Information About Your Court Case**

Have you filed for divorce?  yes  no  
If yes, in what state? \_\_\_\_\_ County? \_\_\_\_\_ Case No. \_\_\_\_\_  
Has your spouse been served?  yes  no When? \_\_\_\_\_ Where? \_\_\_\_\_

Has your spouse filed for divorce?  yes  no  
If yes, in what state? \_\_\_\_\_ County? \_\_\_\_\_ Case No. \_\_\_\_\_  
Have you been served?  yes  no When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have an attorney?  yes  no Name of attorney: \_\_\_\_\_  
Does your spouse have an attorney?  yes  no Name of attorney: \_\_\_\_\_

Have any court hearings been held?  yes  no  
If yes, what hearing? \_\_\_\_\_ when? \_\_\_\_\_

Are any court hearings scheduled?  yes  no  
If yes, what hearing? \_\_\_\_\_ when? \_\_\_\_\_

**ATTACH COPIES OF ANY COURT PAPERS WHICH YOU HAVE FILED, OR WHICH YOU HAVE RECEIVED FROM YOUR SPOUSE.**

**Information About Domestic Violence**

Have you been threatened or injured by your spouse?  yes  no  
Describe the threats: \_\_\_\_\_ When: \_\_\_\_\_  
Describe the injuries: \_\_\_\_\_ When: \_\_\_\_\_

Have the police been called?  yes  no  
Was your spouse arrested?  yes  no  
When: \_\_\_\_\_ Charges: \_\_\_\_\_

Were you arrested?  yes  no  
When: \_\_\_\_\_ Charges: \_\_\_\_\_

Have you ever gotten a protection (restraining) order against your spouse?  yes  no  
Has your spouse ever gotten a protection (restraining) order against you?  yes  no  
Please provide dates of any hearings to be held about a restraining order: \_\_\_\_\_  
and tell us in what county the hearing will be held: \_\_\_\_\_ case no.: \_\_\_\_\_

**ATTACH COPIES OF ANY PROTECTION (RESTRAINING) MOTIONS & ORDERS AND POLICE REPORTS.**

Have you ever contacted a domestic violence program or shelter?  yes  no

Do the children witness abuse?  yes  no Have the children been abused?  yes  no

Have you given us a safe way to contact you?  yes  no  
Safe address where we can write to you: \_\_\_\_\_  
Safe phone number at which we can call you: \_\_\_\_\_

**Information About Your Children**

Please fill out the separate form called "Parental Responsibilities (Custody) Information Sheet", for your children who are younger than 19 years of age and who were born during your marriage or adopted by you and/or your spouse during your marriage.

Is the wife pregnant?  yes  no If yes, what is the due date? \_\_\_\_\_  
Is the husband the father of the unborn child?  yes  no If not, who is the father? \_\_\_\_\_

- There are no children who were born or adopted during this marriage.
- All children born or adopted during this marriage are now 19 years of age or older.

*Please fill out all three pages of this information sheet!*



**Information About the Assets of the Marriage**

In Colorado, anything bought or given to you or your spouse during your marriage, unless it was an inheritance or gift to one of you, will be considered marital property by the court. Please list **all** property bought or given to your or your spouse during your marriage. Use extra paper if you need it.

|                           | HOUSE | HOUSE | CAR | CAR | SAVINGS | IRA | PENSION | OTHER | OTHER |
|---------------------------|-------|-------|-----|-----|---------|-----|---------|-------|-------|
| Address or description    |       |       |     |     |         |     |         |       |       |
| Date of purchase          |       |       |     |     |         |     |         |       |       |
| What is it worth?         |       |       |     |     |         |     |         |       |       |
| What do you owe on it?    |       |       |     |     |         |     |         |       |       |
| Who's listed as owner?    |       |       |     |     |         |     |         |       |       |
| Who's listed on the loan? |       |       |     |     |         |     |         |       |       |
| Do you want it?           |       |       |     |     |         |     |         |       |       |
| Does your spouse want it? |       |       |     |     |         |     |         |       |       |

**Information About the Debts of the Marriage**

Debts of the marriage *may* include all debts taken out by you or your spouse since the date of your marriage. List **all** debts below. Use extra paper if you need it.

|                           | HOUSE | CAR | CAR | CREDIT CARD | CREDIT CARD | MEDICAL | OTHER |
|---------------------------|-------|-----|-----|-------------|-------------|---------|-------|
| Name of creditor          |       |     |     |             |             |         |       |
| How much do you owe?      |       |     |     |             |             |         |       |
| Amt. of monthly pmt       |       |     |     |             |             |         |       |
| Who's listed on the loan? |       |     |     |             |             |         |       |
| Who should pay?           |       |     |     |             |             |         |       |
| Who's paying now?         |       |     |     |             |             |         |       |

**Information About Temporary Orders You May Need**

Do you believe you will need temporary orders for:

- Custody? Explain: \_\_\_\_\_
- Child Support? Explain: \_\_\_\_\_
- Use of the family home? Explain: \_\_\_\_\_
- Maintenance (alimony)? Explain: \_\_\_\_\_
- Debt payments? Explain: \_\_\_\_\_

**Information About Maintenance (Alimony)**

Maintenance can be ordered on a temporary basis while your case is waiting for final orders. However, courts generally order maintenance on a permanent basis **ONLY** if the spouses were married a long time (especially if one spouse didn't work outside the home), or if one spouse is disabled or is taking care of a disabled child. It is up to the judge to decide if either party gets maintenance.

Do you want permanent maintenance (alimony)?  yes  no  
Please explain why you feel you will qualify for permanent maintenance: \_\_\_\_\_

**Legal Separation**

If you would like to obtain a decree of legal separation, instead of dissolution of marriage, please explain: \_\_\_\_\_

**Declaration of Invalidity (Annulment)**

If you feel that your marriage should be annulled, please explain: \_\_\_\_\_





**Northwest Colorado Legal Services Project  
Parental Responsibilities (Custody) Information Sheet**

**INFORMATION ABOUT THE PARENTS**

Please tell us if you are the child(ren)'s  mother  father  other: \_\_\_\_\_

**MOTHER:** Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Is mother a U.S. Citizen:  yes  no  
 If no, please list mother's legal status \_\_\_\_\_  
 and country of origin: \_\_\_\_\_ Who is her sponsor? \_\_\_\_\_  
 When (date) did mother move to Colorado? \_\_\_\_\_ Does mother intend to stay? yes no  
 Is mother in the military service?  yes  no What branch? \_\_\_\_\_

**FATHER:** Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Is father a U.S. Citizen:  yes  no  
 If no, please list father's legal status \_\_\_\_\_  
 and country of origin: \_\_\_\_\_ Who is his sponsor? \_\_\_\_\_  
 When (date) did father move to Colorado? \_\_\_\_\_ Does father intend to stay? yes no  
 Is father in the military service?  yes  no What branch? \_\_\_\_\_

**OTHER PARTIES:** Name \_\_\_\_\_  
 Where do they live? City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Please answer all the questions listed above for any other parties in this case.

**INFORMATION ABOUT THE CHILDREN (UNDER AGE 19)**

Please attach a copy of each child's birth certificate, and give us this information for each child.

|   |  |  |  |  |
|---|--|--|--|--|
| Child's Name  |  |  |  |  |
| Date of Birth   |  |  |  |  |
| Child's Mother  |  |  |  |  |
| Child's Father  |  |  |  |  |
| Is Father on birth certificate?   |  |  |  |  |
| Is Child a U.S. Citizen?  |  |  |  |  |
| How long has child lived in Colorado? (date or from birth)                                |  |  |  |  |
| Child lives with (mother, father, other)? Give name & address if child with other person. |  |  |  |  |
| Is child a member of a Native American tribe?   |  |  |  |  |

If Mother is pregnant, please tell us: (1) The expected date of birth: \_\_\_\_\_  
 (2) Who is the father? \_\_\_\_\_



**INFORMATION ABOUT COURT CASES**

1. Child Support

Has a child support order been entered by any court?  yes  no  
If yes, please tell us: who was ordered to pay support? \_\_\_\_\_  
how much were they ordered to pay? \_\_\_\_\_  
where (county and state) was the order entered? \_\_\_\_\_  
when was this order entered? \_\_\_\_\_

**ATTACH A COPY OF THE CHILD SUPPORT ORDER.**

*If child support has not yet been ordered, and the child(ren) is/are living with you, you can ask for help in setting up a child support order from the Child Support Enforcement Unit in your county.*

2. Dependency & Neglect Action (court case concerning child abuse)

Has a Dependency and Neglect case involving the children been filed?  yes  no  
IF YES: When was the case filed? \_\_\_\_\_ In what county? \_\_\_\_\_  
Is this case still pending (active), or has it been closed?  active case  closed case  
Which children are listed in the case? \_\_\_\_\_  
Who are listed as Respondents? \_\_\_\_\_

**ATTACH COPIES OF THE PETITION AND ANY COURT ORDERS IN THIS CASE.**

If the case is still pending, where and with whom are the children living now? \_\_\_\_\_

Please list any attorneys representing you \_\_\_\_\_  
or representing other parties in the case \_\_\_\_\_

3. Parental Responsibilities (custody) case:

Has a parental responsibilities (custody) case been filed?  yes  no  
Who is the Petitioner? \_\_\_\_\_  
Who is the Respondent? \_\_\_\_\_  
In what county and state is the case filed? \_\_\_\_\_  
If you are the Respondent, have you been served?  yes  no When? \_\_\_\_\_  
Please list any attorneys who have represented Petitioner: \_\_\_\_\_  
Please list any attorneys who have represented Respondent: \_\_\_\_\_  
Please list dates of any court hearings held \_\_\_\_\_  
and tell us the results of those hearings \_\_\_\_\_

**ATTACH COPIES OF THE PETITION, RESPONSE AND ANY COURT ORDERS IN THIS CASE.**

**INFORMATION ABOUT DOMESTIC VIOLENCE AND DANGER TO THE CHILDREN**

If a parent or other party involved in this case has been arrested for domestic violence, or any party has obtained a protection (restraining) order against another party in this case, please tell us:

Who requested the Protection (restraining) Order? \_\_\_\_\_

Against whom was the order requested? \_\_\_\_\_

When \_\_\_\_\_ and in what county \_\_\_\_\_ was the order obtained?

Who was arrested for domestic violence? \_\_\_\_\_

When \_\_\_\_\_ and in what county \_\_\_\_\_ did the arrest happen?

Do the children witness abuse?  yes  no Are the children being abused?  yes  no

**ATTACH COPIES OF ANY PROTECTION (RESTRAINING) MOTIONS & ORDERS AND POLICE REPORTS.**

**INFORMATION ABOUT YOUR WISHES REGARDING PARENTING TIME AND DECISION-MAKING**

Colorado laws no longer talk about awarding custody. Instead, they talk about "Allocation of Parental Responsibilities". Courts give parenting time and decision-making authority (about religion, education, medical care, activities, etc.) to both parents in most cases. Parents usually work out an agreement between them, and courts will approve an agreement that meets the best interests of the children.

Please tell us what arrangements you want, and why (use extra paper if you need it):

Parenting Time: \_\_\_\_\_

\_\_\_\_\_

Parental Decision-Making: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_