

Colorado Legal Services
Northwest Colorado Legal Services Project
P.O. Box 1895, Dillon, CO 80435
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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 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.

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



QUESTIONNAIRE FOR DEFENDANTS IN CIVIL COURT CASES (NON-FAMILY LAW)

1. What court is hearing your case?
 - a. County Court
 District Court
 Other Court: _____
 - b. In _____ County
2. What is your court case number? _____
3. When were you served (date)? _____
4. Where were you served (city and state)? _____
5. Name(s) of Plaintiff(s): _____
Attorney for Plaintiff(s): _____
6. Name(s) of other Defendant(s): _____
Attorney for other Defendant(s): _____
7. Have you talked to an attorney about this case? _____
Name of attorney you talked to: _____
Have you hired this attorney to represent you? _____
8. Do you owe any or all of the money which the Plaintiff(s) claim you owe? Why or why not?

9. What do you want to do about this case? (Fight it, negotiate a settlement, pay the amount asked, etc.)?

10. What is the status of your case? (Any court hearing set or held already, any deadlines, etc.)

Please attach copies of any of the following court papers which have been filed by either party in your case: Complaint, Summons, Answer, Interrogatories, Motions, Answers to Interrogatories, Orders.