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**

Date of Application: ______________________

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

3. Phone (H) (____) ______________________ (W) (____) ______________________ Cell/Other (____) ______________________
   
   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

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

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: □ TANF □ OAP □ AND
   
   □ Soc.Sec.Disab. or □ Retirement
   
   SSI
   
   □ Unemployment; □ Worker’s Comp
   
   Income from □ Dividends, □ Interest,
   
   □ Other Investments, □ Rents,
   
   □ Royalties, □ Estates, □ Trusts)
   
   Other: □ Child Support, □ Alimony, □ Pension,
   
   □ Military Allotments, □ any support money
   
   received regularly, □ regular insurance or
   
   annuity payments, □ VA Benefits

   TOTAL INCOME $ __________ $ __________ $ __________

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

*Please fill out both sides of this form*
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*
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.
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
To help us respond to your legal problem quickly, please give us as much information as you can. Please answer the following questions if they apply to your situation, and also use this paper to give us complete information about your case. Thank you.

1. Who are the other people involved?

2. Have you spoken to an attorney about your problem? Please give us the attorney’s name:

3. Is there an attorney helping the other people involved in your case? Please give us the attorney’s name:

4. Is there a court case pending? _____ Yes _____ No
   In what court? _____ County Court _____ District Court _____ Other: __________
   In what county? ______________________
   What is the case number? ______________________

5. Please tell us about any deadlines in your case:

6. Please give us complete information about your legal problem:

7. What do you want to do about your problem? (Negotiate with the other side, go to court, etc.)

Please give us copies of any court papers, contracts, letters, or other documents that relate to your legal problem. Thank you.