Information for Clients
Please Read and Keep This Letter

Thank you for contacting the Northwest Colorado Legal Services Project regarding the Record Sealing & Expungement Clinic.

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 case:

1. Application – fill this out
2. Limited Representation Agreement – read and sign this
3. Authorization for Release of Information – read and sign this
4. Questionnaire – sealing or expunging a criminal record – fill this out
5. Questionnaire for additional charges – fill this out if you have more than one case to seal
6. Clinic survey

Please read the forms carefully, complete them as soon as you can and return them using the address, fax or email listed above.

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

If we determine that we can help you, then an attorney will review your record and determine whether or not you can seal or expunge your criminal record. If the attorney decides that you can seal or expunge your record, a volunteer paralegal will help prepare the Petition which you need to file with the Court in order to ask the Court to seal or expunge your record. You will file your own case in Court and you will take care of any court procedures or hearings. If you need help during your case, you can contact your court’s Self-Represented Litigant Coordinator for questions about procedures, or contact us if you have a legal question.

**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.

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

Thank you for contacting us about your case. 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: __________________________

Kemps #: __________________________

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
   # ____________________________

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*
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*
SEALING OR EXPUNGING A CRIMINAL RECORD QUESTIONNAIRE

Applicant name ________________________________ Date __________________

1. What is the date of your most recent criminal charge? ________________________________
   a. What were you charged with on this date? ________________________________

2. What criminal charge are you seeking to have sealed? ________________________________
   a. On what day were you charged? ________________________________
   b. Where is this record located? (Include all police, counties and courts involved in your arrest, holding, and case filing) ________________________________
   c. What was the result of the charge? □ Conviction □ Dismissal □ Acquittal □ Deferred Judgment □ Diversion Program OR □ Other ________________________________
   d. Was this charge reduced as a result of a plea bargain? □ Yes □ No
   e. Were you sentenced for this charge as a juvenile (under 18)? □ Yes □ No
   f. Were you ordered to pay restitution, court fees, or fines related to this charge? □ Yes □ No
   g. If yes, have you paid 100% of that money? □ Yes □ No
   h. If the charge you seek to seal/expunge had a victim(s), what is their full name: ________________________________

4. Why do you want to seal or expunge your criminal record (for example, how is it affecting your ability to get a job, public benefits, housing, school admittance, school loans, or affecting personal relationships…)

3. Do you have additional criminal charges you want to seal or expunge? □ Yes □ No

If yes, fill out an Additional Charge Form for each additional charge.
SEALING OR EXPUNGING A CRIMINAL RECORD ADDITIONAL CHARGE FORM

Applicant name ________________________________ Date ____________________

1. What additional criminal charges are you seeking to have sealed? ________________________________
   a. On what day were you charges? ________________________________
   b. Where is this record located? (Include all police, counties and courts involved in your arrest, holding, and case filing) ________________________________
   c. What was the result of the charge? ☐ Conviction ☐ Dismissal ☐ Acquittal ☐ Deferred Judgment ☐ Diversion Program OR ☐ Other ________________________________
   d. Was this charge reduced as a result of a plea bargain? ☐ Yes ☐ No
   e. Were you sentenced for this charge as a juvenile (under 18)? ☐ Yes ☐ No
   f. Were you ordered to pay restitution, court fees, or fines related to this charge? ☐ Yes ☐ No
   g. If yes, have you paid 100% of that money? ☐ Yes ☐ No
   h. If the charge you seek to seal/expunge had a victim(s), what is their full name: _________________

2. Do you have additional criminal records you want to seal or expunge? ☐ Yes ☐ No

   If yes, fill out an Additional Charge Form for each additional record.
Legal Services Agreement with Colorado Legal Services
Limited Representation

Colorado Legal Services (CLS) and ________________________________ agree that:

(print client name)

CLS will provide limited assistance for the following legal problem:

________________________ ____________________________ __________________
_________________________________________________________________________________

This Agreement is for this legal problem only. It does not cover any other legal problem or an appeal of this case, if you lose. If you need CLS’ help with a different case or an appeal, you must fill out a new application.

CLS’ “limited representation” in this matter is limited solely to (mark the appropriate choices):

- Brief services - no court appearances
- Assistance with drafting documents
- Advice about negotiations between yourself and the adverse party – no representation at mediation or negotiation with the adverse party or opposing attorney
- “Coaching” or walking you through court procedures
- Other – describe:

_______________________________ ____________________________

Client verifies by signing her/his initials here that client has been informed of the risks and consequences of “limited representation” by CLS, that client agrees to the limits of assistance that will be provided by CLS as marked above, and that client is consenting to such limited representation.

Client's initials: ______________

CLS will not represent you in court. You are responsible for knowing when your court hearings are scheduled and you must appear at all court hearings.

Signing this Agreement means you agree to cooperate with CLS. You will:

- Keep your appointments;
- Keep your contact information (address, phone numbers) updated;
- Tell us the truth about your situation;
- Return phone calls;
- Answer any questions about your case;
- Tell CLS about any changes in your income or assets;
- Not talk to the lawyer on the other side, unless CLS asks you to, and
- Do other things CLS may reasonably ask of you.

CLS can stop assisting you if we have a good reason, such as your income went up or you have not cooperated. But we must tell you what the reason is and give you a chance to tell your side. We can give you this chance only if you have kept your telephone and address updated. CLS may also transfer your case to another law firm or CLS attorney or paralegal.

You can tell CLS to stop assisting you at any time. If you are not happy with CLS, you can fill out a complaint.

Payment. CLS will not charge you for legal services. But, you must pay all out-of-pocket costs, including fees for serving papers, copying, depositions, and court costs such as for filing papers at court.
If you cannot afford the court costs, you may ask the court for a Cost Waiver. That means you would not have to pay the court costs. CLS can advise you about asking for a Cost Waiver.

CLS may ask you for a deposit to cover your out-of-pocket costs. If you deposit more money than needed, we will return the remaining funds to you. If we cannot find you, we may keep your money as a donation.

If you cannot afford to pay for out-of-pocket costs of your case, CLS may pay the costs for now. But you will have to pay CLS back later even if you lose your case. If your money situation is very bad, CLS may make an exception.

Privacy. CLS will keep your information private and held in confidence unless you give us permission, or the law requires us to disclose the information. We recommend that you keep your conversations with CLS private because if you tell anyone about our conversations, they may no longer be confidential. CLS will keep your records for ten years, and then we will destroy them.

How your case will end. Although CLS cannot guarantee how your case will end or make promises to you about the outcome of your case, we can give you our legal opinion and advice. You may win, you may lose, or you may agree to settle with the other side. If you get an offer to settle with the other side, you do not have to settle if you do not want to.

Fill out and sign below if you agree:
I have read and understood this agreement. I have received a copy of this agreement and CLS’ Complaint Process.

_________________________  __________  ________________________________  ______
CLS Casehandler signs here  Date  Client or authorized person signs here  Date

CLS limited representation retainer – February, 2016
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
Record Sealing and Expungement Clinic Model: Client Pre-Clinic Survey

1. To keep your answers anonymous while allowing us to compare your pre-clinic survey to your post-clinic survey, please create the following code for yourself: ___________________
   (1) What are the first two letters of your mom's first name, PLUS
   (2) the two numbers of the day you were born on, PLUS
   (3) The first two letters of the town you were born in.
   (Example: Linda + 7/04/1986 + Englewood = li04en)

2. How did you hear about this Clinic? Please check all that apply.
   a. __ From a previous client of the clinic
   b. __ Colorado Legal Services
   c. __ Court staff (clerk, self-represented litigant coordinator, family court facilitator)
   d. __ Another community group/service provider: _____________________________
   e. __ A flier I saw at ______________________________________
   f. __ Facebook, Twitter or other social media website
   g. __ Newspaper article or radio announcement
   h. __ Internet search
   i. __Other; please specify: ______________________________________________

3. Why are you seeking to get your record sealed or expunged? (check all that apply)
   a. __ It has affected my current job or my ability to get a new job.
   b. __ It has affected my ability to get an education (student loans, enrollment, etc).
   c. __ It has kept me from getting housing.
   d. __ Other: ______________________________________________________

4. Please tell us how much you agree with the following statements (circle one choice per question)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident in handling my legal issue.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I know the next step I need to take to handle my legal issue.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I understand the law that relates my legal issue.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I will be more likely to file my case because of help I get filling out court forms.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I know of legal resources that are available to me and how to access them.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I am confident this clinic will help me figure out if my record can be sealed or expunged, and help me fill out my court forms.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>The fact that I can access this clinic without having to travel is important to me being able to use it.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>