

Colorado Legal Services

Northwest Colorado Legal Services Project

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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



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 _____

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
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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
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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

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, ect).
 - 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)					
I feel confident in handling my legal issue.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know the next step I need to take to handle my legal issue.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I understand the law that relates my legal issue.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I will be more likely to file my case because of help I get filling out court forms.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know of legal resources that are available to me and how to access them.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The fact that I can access this clinic without having to travel is important to me being able to use it.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree