

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. _____
Person filling out application (if not Applicant)
Phone
Relationship to Client

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. Primary Language _____

9. Sex: M F 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. Your Living Arrangements: Own Rent Other _____

17. No. of Adults in your Home _____ No. of Children in Home _____ Household Total _____

18. Household Monthly Gross Income Before Taxes & Expenses are Deducted	Applicant Only	Spouse	Other Residents
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****

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Applicant's Name: _____

19. Household Assets (Total amounts for applicant, spouse and all other residents) – Please write amount or “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.

20. Is your income likely to change significantly in the near future? Yes
(If yes, explain how income is likely to change: _____)

21. If you listed no income above, how are you supporting yourself? _____

22. Please tell us what you pay each month for: rent/mortgage: _____ medical care/insurance: _____
child care: _____ other (what is it?): _____

23. If your mailing address is different from your street address, please tell us your street address:

Street City, State County

24. How did you hear about our program? _____

25. If you own a home, please tell us how much equity you have in your home: \$ _____

YOUR LEGAL PROBLEM:

26. Brief Description of Legal Problem: _____

27. Name(s) of Adverse/Opposing Party _____

28. Deadlines (Court dates, Answer dates, etc.)? _____

29. 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****