

# APPLICATION FOR LEGAL ASSISTANCE FROM COLORADO LEGAL SERVICES

Date of Application: \_\_\_\_\_ Court Case Number (if you have one): \_\_\_\_\_

1. Is someone helping the applicant fill out this application?  Yes  No  
a. If yes, what is the other person's name?

\_\_\_\_\_  
Name of person filling out application (if not applicant) Phone # Relationship to Applicant

2. Applicant's Full Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name

a. Have you ever changed your name?  Yes  No

b. Please list all of your previous names on the lines below or on the back of this application.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a different name that you prefer to be called?  Yes  No

If yes, what is your preferred name \_\_\_\_\_  
First Name Middle Name Last Name

4. What is your gender identity?

Woman  Man  Transgender  non-Binary  Other \_\_\_\_\_  Prefer not to disclose

5. What are your pronouns? (e.g., he/him, she/her, they/them) \_\_\_\_\_

6. Are you a US Citizen?  Yes  No

IF YOU ARE NOT A US CITIZEN:

Are you a legal permanent resident or green card holder?  Yes  No

If yes, what is your a# \_\_\_\_\_

If no, do you have any other Status?  Yes  No

If yes, Please Describe Status: \_\_\_\_\_

7. If you are a US Citizen, please sign the following Declaration:

***I declare that I am a citizen of the United States of America.***

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

8. Primary Language \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_ 10. Age: \_\_\_\_\_

11. Last 4 digits ONLY of Social Security Number: ### ## \_\_\_\_\_

12. Race:

Asian  Black  Hispanic  Native American  White  Undeclared  Other \_\_\_\_\_

If Native American, what Tribe(s) are you a member of? \_\_\_\_\_

13. Is anyone in the household a veteran or currently serving in the military?  Yes  No

I am a veteran  I am currently serving  Household member is currently serving or a veteran

14. Do you have any disabilities, either diagnosed or undiagnosed?  None  Physical  Mental

If you checked Physical or 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 someone else close to you?  Yes  No

16. Marital Status:  Single (Never Married)  Married  Separated (but still married)  
 Divorced  Widowed

a. If you have been divorced or separated (but married), for conflict check purposes what is the name of your previous partner(s)? If you need more space, you can write on the back of this application.

\_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

b. Your previous partner's last 4 digits of Social Security Number ### ## \_\_\_\_\_

17. Your Current Partner:

\_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

Your current partner's last 4 digits of Social Security Number ### ## \_\_\_\_\_

18. Your Street Address (Not PO Box or Other Address Used Only to Get Mail):

\_\_\_\_\_  
Street Apt and Building # City State Zip Code County of Residence

a. Safe to contact you here?  Yes  No

b. Can you receive mail here?  Yes  No

c. If your mailing address is different from your street address, what is your mailing address?

\_\_\_\_\_  
Street or PO Box Apt and Building # City State Zip Code County of Residence

a. Safe to contact you here?  Yes  No

19. Phone(s):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

a. Safe to Call?  Yes  No  
b. Safe to Text?  Yes  No  
c. Safe to leave Voice Mails?  
 Yes  No

a. Safe to Call?  Yes  No  
b. Safe to Text?  Yes  No  
c. Safe to leave Voice Mails?  
 Yes  No

a. Safe to Call?  Yes  No  
b. Safe to Text?  Yes  No  
c. Safe to leave Voice Mails?  
 Yes  No

20. Your email address: \_\_\_\_\_

a. Safe to email you?  Yes  No

21. Your living arrangement:  Own  Rent  Other \_\_\_\_\_

22. How many adults live in your home: \_\_\_\_\_ How many children? \_\_\_\_\_ Total # in Your Home: \_\_\_\_\_

23. Brief description of your legal problem: \_\_\_\_\_  
\_\_\_\_\_

24. Name of adverse or opposing party: \_\_\_\_\_

a. Birthdate or age of opposing party (if known): \_\_\_\_\_

25. Deadlines (court date, Answer date, etc.) \_\_\_\_\_

What is happening on that date? \_\_\_\_\_

26. What County is your legal problem in? \_\_\_\_\_

27. Do you have any other legal issues that we need to know about? \_\_\_\_\_  
\_\_\_\_\_

28. How did you hear about Colorado Legal Services? \_\_\_\_\_

29. Do you give us permission to share your information with a partner organization, or a private attorney who might be able to help you?  Yes  No

**30. Household Monthly Gross Income Before taxes & any expenses are deducted:**

Please check the box and write the dollar amount on the line next to any income in your household.

Your Monthly Gross Income	Your Partner's Gross Income	Other Resident's Gross Income
<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income
<input type="checkbox"/> Employment (includes self-employment) \$	<input type="checkbox"/> Employment (includes self-employment) \$	<input type="checkbox"/> Employment (includes self-employment) \$
<input type="checkbox"/> Soc. Security Retirement \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Soc. Security Retirement \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Soc. Security Retirement \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> SSI \$ _____
<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Maintenance \$ _____	<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Maintenance \$ _____	<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Maintenance \$ _____
<input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> OAP \$ _____ <input type="checkbox"/> AND \$ _____	<input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> OAP \$ _____ <input type="checkbox"/> AND \$ _____	<input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> OAP \$ _____ <input type="checkbox"/> AND \$ _____
<input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp. \$	<input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp. \$	<input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp. \$
<input type="checkbox"/> Pension <input type="checkbox"/> Regular Insurance <input type="checkbox"/> Annuity Payment \$	<input type="checkbox"/> Pension <input type="checkbox"/> Regular Insurance <input type="checkbox"/> Annuity Payment \$	<input type="checkbox"/> Pension <input type="checkbox"/> Regular Insurance <input type="checkbox"/> Annuity Payment \$
<input type="checkbox"/> VA Benefits <input type="checkbox"/> Military Allotment \$	<input type="checkbox"/> VA Benefits <input type="checkbox"/> Military Allotment \$	<input type="checkbox"/> VA Benefits <input type="checkbox"/> Military Allotment \$
<input type="checkbox"/> Other \$	<input type="checkbox"/> Other \$	<input type="checkbox"/> Other \$

**31. Household Assets (Total amounts for applicant, spouse, partner, and all other residents)**

How much cash do you have that is not in a checking or savings account? \$ \_\_\_\_\_

How much is in your checking account(s)? \$	How much is in your savings account(s)? \$
Do you have any stocks, bonds, certificates of deposit, or money market accounts? Please list the value. \$	How much would you get at a garage sale if you sold all of your household goods and clothing \$
Do you have any real estate that you are not living in? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the current market value \$ _____ Please list the amount you owe on this property \$	Do you have a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does it have a cash value that you can withdraw now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the cash value: \$
If you have any vehicles that are not used for transportation, what is the current market value minus what you owe? \$ _____	Do you have any other assets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the asset and its value: _____ \$ _____

32. Is your income likely to change significantly in the near future?  Yes  No

If yes, explain how your income is likely to change: \_\_\_\_\_

33. If you listed no income above, how are you supporting yourself? \_\_\_\_\_

34. Please tell us what you pay each month for:

rent/mortgage: \_\_\_\_\_ medical care/insurance: \_\_\_\_\_

child care: \_\_\_\_\_ other major expense (what is it?): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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 GENERAL CIVIL PROBLEMS

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?

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

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

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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:

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

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

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