



# THE JUSTICE CENTER

## APPLICATION FOR PRO & LOW BONO REPRESENTATION

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### **INSTRUCTIONS**

Please print clearly or type. Please sign and date your application. Do not include any other documents with this application.

Fax, scan, email or mail your completed application to:

The Justice Center  
PO Box 429  
Colorado Springs, CO 80901-0429

Phone: 719-473-6212  
Fax: 719-473-9216  
Email: [probono@elpasocountybar.org](mailto:probono@elpasocountybar.org)  
Website: [www.thejusticecentercos.org](http://www.thejusticecentercos.org)

Unfortunately, we will not be able to assist everyone who requests help. Therefore, we suggest you continue to explore other options. Also, if your situation requires immediate attention, do not rely on The Justice Center to respond or provide assistance within the time frame for a court request. We will not be responsible for missed deadlines.

### **PRE-QUALIFICATIONS**

Your case must have jurisdiction in El Paso or Teller County in Colorado to pre-qualify for assistance from The Justice Center.

Criminal cases can only be considered for low bono (reduced cost) representation.

Probate cases must be uncontested to be considered.

All cases must meet financial requirements to qualify. You will be asked to submit financial verification after your application is processed.

### **CONFIDENTIALITY**

All information provided will be treated as confidential communications made for the purpose of facilitating the rendering of professional legal services to you. We will preserve the confidentiality of all such information unless otherwise required by law.

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Have you gone by any other names? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Is this a safe email to discuss your case? Y N

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Is this a safe phone number to discuss your case? Y N

Is there anyone else with whom we can discuss your case? \_\_\_\_\_

What is their contact information? \_\_\_\_\_

Are you a U.S. Citizen? Yes No

This will not affect the status of your application in any way

Do you have upcoming court dates? \_\_\_\_\_ Case Number: \_\_\_\_\_

I am seeking an attorney in the following area:

- Adoption with Termination
- Adoption without Termination
- Bankruptcy, Personal
- Child Protective Services
- Custody & Child Support
- Divorce, Contested (involving property, assets, children)
- Divorce, Uncontested
- Durable Power of Attorney
- Enforcement of Orders
- False Arrest / False Imprisonment
- Family Violence
- Foreclosure (residential / loan modification)
- Freedom of Speech / Assembly
- Guardianship / Conservatorship
- Jail Injuries
- Landlord / Tenant (residential)
- Modification of Child Support
- Police Misconduct
- Probate, Uncontested
- Protective Orders
- Other | Please Specify: \_\_\_\_\_

Brief description of your legal matter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you already consulted with an attorney about this matter? Yes No

If so, who? \_\_\_\_\_

What other options have you tried for legal assistance? \_\_\_\_\_

Name of opposing party, if applicable: \_\_\_\_\_

Is the opposing party represented? If so, what is the attorney's name?

\_\_\_\_\_

How many adults and children, related and non-related, live in your household,

INCLUDING you: Adults \_\_\_\_\_ Children (Under 18): \_\_\_\_\_

Marital Status: \_\_ Single \_\_ Married \_\_ Separate \_\_ Divorced \_\_ Widowed

Do you and your spouse live in the same household? Yes No N/A

Do you rent or own the home in which you are living? Rent Own N/A

How much do you pay in rent or monthly mortgage? \_\_\_\_\_

Do you own any land or a house, even if you do not live there? Yes No

If so, what is its approximate value? \_\_\_\_\_

Please list the make and model and approximate value of any vehicles owned

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_

Are you currently employed? Yes No Looking for a job

**GROSS INCOME PER MONTH BEFORE TAXES**

Wages: \_\_\_\_\_

Spousal Support Paid to You: \_\_\_\_\_

Child Support Paid to You: \_\_\_\_\_

Veteran's Benefit: \_\_\_\_\_

Unemployment: \_\_\_\_\_

SSI/SSD: \_\_\_\_\_

Public Benefits, Aid, SNAP, WIC: \_\_\_\_\_

Retirement / Investment Income: \_\_\_\_\_

Other Income: \_\_\_\_\_  
\*Please Specify:

Total Gross Income Per Month: \_\_\_\_\_

**EXPENSES PER MONTH**

Medical: \_\_\_\_\_  
\*Not covered by insurance

Childcare: \_\_\_\_\_

Transportation: \_\_\_\_\_  
\*Do NOT include car payment(s)

Spousal Support Paid By You: \_\_\_\_\_

Child Support Paid By You: \_\_\_\_\_

Food: \_\_\_\_\_

Clothing: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Total Expenses Per Month: \_\_\_\_\_

**LIQUID ASSETS**

Checking Account Balance: \_\_\_\_\_

Savings Account Balance: \_\_\_\_\_

Money Market/Other Account: \_\_\_\_\_

Are there other individuals (partner, family member, household residents) who receive income? If so, who, and what is their monthly income? \_\_\_\_\_

Have you submitted an application before?    Yes    No

**FOR STATISTICAL ANALYSIS ONLY**

This will not affect the status of your application

Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Military Service: \_\_\_\_\_

Are you disabled? \_\_\_\_\_

Are you a victim of domestic violence? \_\_\_\_\_

By signing below, I certify that all information provided is true and correct to the best of my knowledge. I understand and agree that if I provide inaccurate, incomplete, misleading, or false information on this application or to The Justice Center, I may be disqualified from participation in any and all programs with The Justice Center or the El Paso County Bar Association.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_