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
Website: 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.
THE JUSTICE CENTER
APPLICATION FOR PRO & LOW BONO REPRESENTATION

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: _________________