Thank you for contacting Salida Colorado Legal Services 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. Questionnaire – sealing or expunging a criminal record – fill this out
3. Limited Representation Agreement – read and sign this
4. Authorization for Release of Information – read and sign this
5. Clinic survey

Juvenile Records: if you are interested in expunging juvenile records, you will have to get your own juvenile case records from the court yourself and provide them to us because we cannot access juvenile records.

Please read the forms carefully, complete them as soon as you can and return them using the address, fax, or e-mail 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, then they will 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,

Jeanna Baitlon
Attorney
APPLICATION FOR LEGAL ASSISTANCE FROM COLORADO LEGAL SERVICES

Date of Application: ____________________

Applicant’s Legal Name ____________________

First Name ____________________  Middle Name ____________________  Last Name ____________________

Applicant’s Mailing Address:

Safe to contact you here? ☐ Yes ☐ No

City, State, ZIP ____________________

County of Residence ____________________

Phone (H) (____) (W) (____) (Cell/Other (____)

Safe to call? ☐ Yes ☐ No Safe to call? ☐ Yes ☐ No Safe to call? ☐ Yes ☐ No

Your email address: ____________________

Safe to email you? ☐ Yes ☐ No

Last 4 digits ONLY of Social Security Number: # # # # - # # - ___ ___

Marital Status ☐ Single ☐ Married ☐ Separated (But Married) ☐ Divorced ☐ Widowed

Date of Birth ____________  Age _____

Sex: ☐ M ☐ F

Primary Language ____________________

Race: ☐ White ☐ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐ Undeclared

Your Husband or Wife: ____________________

First Name ____________________  Middle Name ____________________  Last Name ____________________  Date of Birth ____________

Are you a Citizen? ☐ Yes ☐ No

Are you a permanent resident? ☐ Yes ☐ No

Other legal status? ☐ Yes ☐ No For office use only: date received

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: ____________________

Do you have a disability? ☐ None ☐ Physical ☐ Mental

Please describe your disability: ____________________

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

Have you or any member of your household served in the military, including the Reserves or National Guard? ☐ Yes ☐ No

Your Living Arrangements: ☐ Own ☐ Rent ☐ Other

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: ☐ TANF ☐ OAP ☐ AND

☐ Soc. Sec. Disab. or ☐ Retirement

SSI

☐ Unemployment; ☐ Worker’s Comp

Income from ☐ Dividends, ☐ Interest,

☐ Other Investments, ☐ Rents,

☐ Royalties, ☐ Estates, ☐ Trusts) Other: ☐ Child Support, ☐ Alimony, ☐ Pension,

do Military Allotments, ☐ any support money received regularly, ☐ regular insurance or annuity payments, ☐ 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 ___________________________

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

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(s) and date of birth(s), if
   known: ________________________________________________________________________________

3. Do you have additional criminal charges you want to seal or expunge? ☐ Yes ☐ No

4. If yes, give the year of the case, the main charge, and the county:
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. If you were ever arrested or charged under a different name, what was that full name?
   _______________________________________________________________________________________

Note on Gun Ownership: If one of your cases resulted in a permanent loss of your right to
own a gun, then you should know that sealing your case will not reinstate that right.
Only getting a pardon from the governor will reinstate that right.

PLEASE FLIP AND COMPLETE OTHER SIDE
5. BE SPECIFIC: How has your record impacted your job? For example, have you not applied for certain jobs, lost jobs or been denied jobs because of the record? How many? How do you know the record caused the denial?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5. BE SPECIFIC: How has your record impacted your housing? For example, have you not applied for certain housing, lost housing or been denied housing because of the record? How many times has this happened? How do you know the record caused the denial?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5. BE SPECIFIC: How else has your record impacted you? Have you been denied public benefits, volunteer opportunities, or school admittance or loans? Has it impacted you financially? Has it impacted your personal relationships or how you interact with your community? Explain how you know the record caused these issues.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

6. BE SPECIFIC: What do you hope to gain or what is your goal in sealing your criminal record(s)?
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)

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