

LARIMER COUNTY PRO BONO PROGRAM (online application)

1. NAME _____ D.O.B. _____ Phone _____ Sex _____
 2. Email _____ Address _____
 _____ State _____ Zip Code _____
 3. Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
 Spouse/Partner's name _____ Number of Dependents/children _____
 4. If children, name of other parent _____ Total in household _____
 5. Name of Employer _____
 If unemployed, how long since you last worked? _____
 6. Where are other members of the household employed? _____

7. INCOME (fill in what applies)	MINE	OTHER IN HOUSE (including spouse)	SPOUSE (if not living together)
Gross monthly income	\$ _____	\$ _____	\$ _____
TANF	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Maintenance (alimony)	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____
OTHER (second job, help from family/friend, pension)	\$ _____	\$ _____	\$ _____
TOTAL =	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____

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

9. My ASSETS are:

Value of home/Mobile home	\$ _____	<u>Bank accounts:</u> Balance
Real Estate	\$ _____	Checking: \$ _____
Vehicles	\$ _____	Savings: \$ _____
Other	\$ _____	

10. My DEBTS are:

Medical Bills	\$ _____	
Total debt on house/mobile home	\$ _____	In the last 6 months, I have paid
Child support obligations	\$ _____	\$ _____ in child support
Maintenance obligations	\$ _____	
OTHER CREDITORS:		AMOUNT OWED
_____		\$ _____
_____		\$ _____

11. PLEASE DESCRIBE YOUR LEGAL PROBLEM BRIEFLY: _____

12. Have you applied for Larimer County Bar Association Pro Bono attorney referral services within the last year? Yes _____ No _____ If yes, was an attorney assigned to your case for representation? Yes _____ No _____

13. IMPORTANT: Please list all attorneys that may have been involved or are currently involved in this case or related cases. (For you and the other party)

14. Court Case numbers if applicable: _____

Note: Applicants are eligible for pro bono attorney referral a maximum of once per year. Any applicant falsifying this information will automatically be disqualified from receiving pro bono services.

DISCLAIMER:

Applying for Pro Bono services does not guarantee assignment of your case to an attorney. Cases are assigned on a first-come, first service basis. An attorney may or may not be available to take your case. Applicants are encouraged to seek other available legal help and/or proceed on their own while waiting for possible assignment to an attorney.

I agree and acknowledge that any information I disclose to any individual, other than to my referred attorney, including any information disclosed during the intake process, is subject to dissemination to the public. I understand that any information I disclose to anyone other than my attorney may not be considered privileged and/or confidential information.

I swear under penalty of perjury that the above information is true and complete to the best of my knowledge.

Signature

Date

Rev: 3/20

Paralegal Notes

Attention Online Applicants: Please forward this application to lcbaprobono@mail.com. **(mail.com, not gmail)** Applications will be processed in the order of arrival. Please allow 1 - 3 days for follow-up. The Pro Bono Program does not handle criminal, bankruptcy, worker's compensation, social security or personal injury cases.