

Colorado Legal Services
Northwest Colorado Legal Services Project
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1-800-521-6968

Information for Clients
Please Read and Keep This Letter

Thank you for contacting the Northwest Colorado Legal Services Project 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
6. Only for those wanting juvenile records expunged – please provide us with the court records from your juvenile cases.

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.

Criminal Records from Another State: We cannot evaluate criminal record from another state, just Colorado. If you have records from another state, the laws from that state will apply. Contact us for a referral to a program in the state where your criminal records are located.

Please read the forms carefully, complete them as soon as you can and return them using the address 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 advise you on whether you are eligible to try and seal or expunge your criminal record. If eligible and resources permitting, the attorney will then help prepare the Petition which you need to file with the Court to ask the Court to seal or expunge your record. You will file your own case in Court and be responsible for any court communication or hearings. We will not represent you at any hearings, but can answer questions throughout the process.

PLEASE CALL us three 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,

Eduardo Casillas
Paralegal

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 _____

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?

<p>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.</p>
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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:

CLS will advise the client on their eligibility to seal or expunge their criminal record, and in some cases, may also assist with document drafting for the sealing/expungement process.

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:

No full representation and not every services marked above is provided to each client.

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: Record Sealing/Expungement

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