



Office Use Only: New Referral Repeat Referral BJH No. _____
 Conflict Check Stats Entered Follow Up Needed

APPLICATION FOR SERVICES

Date: _____ Referred By: _____

Have you contacted a BJH attorney before? Yes No If so, when? _____

Applicant Name: _____

Any Prior Names: _____

SAFE Address: _____ City/State/Zip: _____

SAFE Phone Number: _____ Special Instructions for Calling: _____

Msg Safe? YES NO

Home Work Cell _____

SAFE email: _____

Gender: Female Male Transgender DOB/Age: _____

Rural: Yes No

Ethnicity: White AfrAmer Hispanic NatvAmer Asian Hawaiian Other

US Citizen: Yes No

Limited English Proficiency: Yes No

Disability? None Physical Mental

Education: <HS HS Grad Some College Col Grad Post Grad

OPPOSING PARTY'S INFORMATION

Name: _____
First Middle Last

Gender: Female Male Transgender Age/DOB: _____

Location/Residence: _____
Street City State Zip

Phone: _____

Employer Name/ Job Title: _____

Have you experienced domestic violence, sexual assault, stalking, or human trafficking? Yes No

Physical Verbal Emotional Financial
 Sexual Stalking Human Trafficking

If yes to the above, please state your relationship to perpetrator of domestic violence, sexual assault, stalking, or human trafficking:

Current/Former Spouse Other Family/Household Member Dating Relationship
 Acquaintance Stranger Share Children Other _____

I would like information in the following legal areas:

Dissolution of Marriage (Divorce) Protection Order Housing Paternity
 Allocation of Parental Responsibilities Child Support Maintenance/Alimony
 Modification of an Order Other _____

I am seeking (please check all that apply):

Brief legal advice about my legal problem so I know how to proceed / what my options are
 Brief legal services (i.e. obtain forms/ review of forms/drafting assistance)
 Full legal representation by an attorney for my legal problem

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Has a Domestic Relations case been filed?

Yes No

Case Number: _____

County: _____

Date Filed: _____

Date Served: _____

Initial Status Conference Date: _____

Are there any other pending court dates?

Yes No Dates: _____

Has a Civil Protection Order Petition/Motion been filed? Yes No

Covers: _____

Return Hearing Date: _____

Status: TPO granted PPO Granted

Has there been police involvement?

Yes No Date: _____

Has a Mandatory Restraining Order been entered? Yes No

Covers: _____

POLICE INVOLVEMENT:

Have you ever been arrested?

Yes No **Date(s) of arrest and charge(s):**

Has **OPPOSING PARTY** ever been arrested?

Yes No **Date(s) of arrest and charge(s):**

Please describe the circumstances of the most recent arrest/police call:

VICTIMIZATION/LETHALITY:

Please describe any **Physical Violence** and **Sexual Assault** (e.g. hitting, kicking, strangling, pushing, throwing objects, etc)?

Recently? Yes No

Is violence frequent? Yes No

Escalated recently? Yes No

Please describe any verbal or emotional abuse:

Has the opposing party ever followed you places or demanded to know where you are at all times? Yes No

Please describe _____



Does the opposing party have any drug or alcohol issues? Yes No If yes, which drugs? _____

Has the opposing party ever made threats against yours or your children's lives? Yes No

Does the opposing party own or possess any weapons or used anything in the form of a weapon? Yes No

Has the opposing party ever used a weapon or object as a weapon in a threatening manner? Yes No

Has the opposing party ever displayed controlling behavior? Attempted to control finances, meals, your schedule, who you speak to, etc.? Yes No

Has the opposing party ever threatened to kill himself or herself? Yes No

Does the opposing party show jealous behavior, i.e. accuse you of infidelity, or refuse to allow you to see friends and family? Yes No

Has the opposing party ever violated a court order or made statements regarding refusal to comply with a court order? Yes No

| Financial Questionnaire (Yes/No for each) | You | Opposing Party |
|---|-----|----------------|
| Earns enough to support his/her self? | | |
| Access to his/her own income earned? | | |
| Access to the other's income earned? | | |
| Can make purchases without other's permission or knowledge? | | |
| Debts in his/her name? | | |
| Assets in his/her name? | | |
| Name on the lease/mortgage? | | |
| Pays toward rent/mortgage? | | |
| Owens or has access to vehicle? | | |

Please initial the following to acknowledge you understand if completed by phone, the application assistant will initial that they have been read to you:

- _____ I understand that children are not allowed to attend legal appointments
- _____ I understand that Bringing Justice Home does not provide child care
- _____ I understand that my appointment will take place at 421 Parker Street, Fort Collins, unless otherwise specified by a BJH representative
- _____ I understand that my initial appointment is to receive brief advice / brief services ONLY and I will not retain an attorney at this meeting. Cases are evaluated after the initial consultation by the BJH team to determine if the applicant is eligible for additional services.
- _____ I understand that it is my responsibility to follow up with BJH after my initial appointment to check the status of my application.

Appointment Date: _____ Time: _____

YOUR ELIGIBILITY TO RECEIVE SERVICES WILL BE FURTHER EVALUATED. AT THIS TIME BJH DOES NOT REPRESENT YOU IN ANY LEGAL MATTER INCLUDING THIS ONE.

