



crossroads safehouse
BRINGING JUSTICE HOME

Office Use: Rural Yes No

APPLICATION FOR SERVICES

Date: _____ Referred By: _____

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

Full Name: _____ DOB: _____
First Middle Last

Prior/Maiden/Nick Names: _____

Residential Address: _____ City/State/Zip: _____

SAFE Mailing Address: _____ City/State/Zip: _____

SAFE Phone Number: _____ Safe to leave message? _____ Special Instructions for Calling: _____
YES NO

Home Work Cell

SAFE email: _____

Gender: Female Male Transgender Other: _____ Pronouns: _____

Ethnicity (check all that apply):

- White/Caucasian Black/AfrAmer Hispanic/Latino NatvAmer/Alaska Native
- Asian Native Hawaiian/Pacific Islander Other _____

Born in USA? Yes No If no, US Citizen? Yes No If no, Immigration Status: _____

Limited English Proficiency: Yes No Primary Language: _____

Do you have a disability impairing your ability to work or perform major activities of daily living:
 Yes No If yes, what accommodation do you need from us? _____

Highest Completed Education: Did not graduate from High School High School Grad/GED
 Associates Trade School Bachelors Masters Doctorate

OPPOSING PARTY'S INFORMATION

Full Name: _____
First Middle Last

Gender: Female Male Transgender Other: _____ DOB: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Employer Name/ Job Title: _____

Your Relationship to Opposing Party: Current/Former Spouse Other Family/Household Member
 Dating Relationship Acquaintance Stranger Share Children Other _____

YOUR MARITAL STATUS

- Single Separated Divorced
- Married Widowed Partnership

If Married, date of marriage: _____

Location of Marriage: _____

How long have you lived in Colorado? _____

Have you experienced domestic violence, sexual assault, stalking, or human trafficking with the opposing party listed above? Yes No If yes, check all that apply:

- Physical Verbal/Emotional Financial
- Sexual Stalking Human Trafficking



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BJH does have income guidelines for those who can receive legal services from our office. Our office considers lack of access to the other party's income as well as access to legal resources in your area when considering applications. The following information will assist us in determining eligibility for services but also possible legal remedies and resources which may be available:

Monthly Gross Income (BEFORE Taxes and Expenses, please include all sources of income listed below)

Applicant Only

Spouse

\$ _____ \$ _____

SOURCES OF INCOME

- Employment / Name of Employer: _____
- Welfare/Public Assistance: Soc Sec, SSDI, SSI TANF, OAP, Food Stamps
- Unemployment, Work Comp Dividends, Interest, Investment Rental Properties
- Child Support, Maintenance Pension, VA Benefits
- Support received regularly from another person: _____

If no income is listed, what is source of support? _____

How many people in your household that you support? #Adults _____ **#Children** _____

Assets (In Applicant's Name Only):

Savings Account \$ _____

Checking Account \$ _____

401K or other Retirement Account \$ _____

Shared Accounts (accounts with opposing party):

Savings Account \$ _____

Checking Account \$ _____

401K or other Retirement Account \$ _____

Do you have children under the age of 18? Yes No How many children? _____

Child's Full Name	Date of Birth	Shared w/Opposing party?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

How long have the children lived in Colorado? _____

Has/have the child(ren) ever suffered or witnessed the abuse? Yes No

Has the Department of Human Services/Child Protective Services ever been involved with your family?

Yes No **Was a court case initiated by DHS/CPS?** Yes No

If DHS/CPS was involved, briefly describe circumstances of involvement:

LEGAL INFO

Please provide a brief description of your current legal issue:



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Are there any open court cases? Yes No

Type of case: _____ Case number: _____

County: _____ Upcoming court dates: _____

Type of case: _____ Case number: _____

County: _____ Upcoming court dates: _____

Are there any protection orders regarding you or the other party in effect that you are aware of?

Yes No Who is the protected party?: _____ Case number: _____

Have the police ever been involved? Yes No

Please briefly describe the circumstances of the most recent arrest, police call:

ABUSE EXPERIENCED

Please describe any **Physical Abuse** (e.g. hitting, kicking, strangling, pushing, throwing objects, etc)? If you have experienced **Sexual Assault** please indicate simply "sexual assault" here if you would prefer to discuss the circumstances directly with the attorney. Please note, it may not be necessary to reveal all details of sexual assault to obtain legal assistance if you have experienced sexual assault.

Date of most recent incident: _____

Frequency of physical abuse: Daily Weekly Monthly Other: _____

Please describe any **stalking** or other kinds of **monitoring** you have experienced: _____

Does the opposing party have any issues with drugs or alcohol? Alcohol Meth Other Drugs If yes, which drugs? _____

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

Has the opposing party ever made threats to harm you or your children? Yes No

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

Does the opposing party own or possess any weapons or used anything in the form of a weapon? 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 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



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Examples of **controlling/jealous behavior** or **verbal/emotional abuse** or other details about the abuse or your situation you would like to provide:

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 BJH does not provide child care

Please let us know if lack of child care is a barrier to obtaining legal services

- I understand that my appointment will take place at 421 Parker Street, Fort Collins, unless otherwise specified by a BJH representative
- I understand that it is my responsibility to notify BJH as soon as possible if I am unable to attend my appointment, either by calling: 970.224.2966 or sending an email to: help@bringingjusticehome.org
- 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

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

Office Use Only: Conflict Check <125% <200% >200% BJH No. _____