

## **APPELLATE PRO BONO PROGRAM INFORMATION AND APPLICATION**

The Colorado Bar Association's (CBA) Appellate Pro Bono Program may help you obtain a lawyer to assist with your appeal in the Colorado Court of Appeals and the Colorado Supreme Court. If you cannot afford a lawyer you may qualify for this program.

The program applies only to civil cases. It does **not** apply to unemployment, prison discipline, or criminal cases.

Please complete this application as soon as possible. If you are in the Court of Appeals, you must submit this application no later than 14 days after the appeal information sheet is sent to you by the Court of Appeals (sent after you have filed your Notice of Appeal). If you are in the Supreme Court, you must submit this application no later than 14 days after the date the Court of Appeals renders its decision. Return the completed application to:

Colorado Bar Association  
Appellate Pro Bono Program  
1900 Grant Street, 9th Floor  
Denver, CO 80203

The program committee may contact you, and any lawyers who may have worked on your case. These conversations are confidential and will be used only for the selection process. The committee may also discuss your case with its volunteer lawyers.

The committee chooses cases based on your income and the importance of your legal issues. To qualify for the program, your income must be below 125% of federal poverty guidelines.

If the program accepts your case, we will contact you within 45 days. We will then provide you with the name and telephone number of the lawyer who is willing to take your case.

For more information about the program, please visit the CBA website:  
[www.cobar.org](http://www.cobar.org).

**NOTE: Your case may not be accepted by the Committee. All court deadlines still apply and must be followed. This includes the deadlines for filing a Notice of Appeal and submitting briefs.**

## **APPELLATE PRO BONO PROGRAM APPLICATION**

### **Applicant information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

Are you listed as an individual in the case? If not, name the business or organization that is listed in the case and briefly describe your relationship with that business or organization.

\_\_\_\_\_  
\_\_\_\_\_

Did a lawyer represent you in the trial court? If so, provide the lawyer's name and contact information.

\_\_\_\_\_  
\_\_\_\_\_

### **Case information**

Case number \_\_\_\_\_  
Name of trial court \_\_\_\_\_  
Trial court case number \_\_\_\_\_  
Are you the party who filed the appeal? \_\_\_\_\_

What party or parties are adverse to you (on the other side) in the case? Are those parties represented by an attorney? If so, who is their attorney?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of case (domestic matter, employment discrimination, personal injury, etc.)

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Briefly describe your case.

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Briefly describe the issues you want to raise in your appeal. Did you raise these issues in the trial court or in the administrative agency?

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**Financial information**

Were you granted *in forma pauperis* status or had your filing fees waived in the trial court?

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**Please submit this form, along with a completed copy of the attached Affidavit of Financial Need and copies of the Notice of Appeal (if available) and the district court's final judgment, to:**

Colorado Bar Association  
Appellate Pro Bono Program  
1900 Grant Street, 9th Floor  
Denver, CO 80203

# MOTION TO FILE WITHOUT PAYMENT AND SUPPORTING FINANCIAL AFFIDAVIT

## General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

**A. Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.

- **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

**Note:** Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

- **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

**B. Liquid Assets.** Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

**C. Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., shall not be included. Allowable expense categories are listed on JDF 205.

County Court  District Court  Denver Juvenile Court  Denver Probate Court  
 Court Address: \_\_\_\_\_ County, Colorado

Plaintiff/Petitioner: \_\_\_\_\_  
 v.  
 Defendant/Respondent: \_\_\_\_\_

▲ COURT USE ONLY ▲  
 Case Number: \_\_\_\_\_  
 Courtroom: \_\_\_\_\_

**MOTION TO:  FILE WITHOUT PAYMENT OF FILING FEE  APPOINT AND PAY INTERPRETER COSTS AND SUPPORTING FINANCIAL AFFIDAVIT**

I, \_\_\_\_\_ respectfully move the Court for an order to waive the following filing fee(s):  
 complaint  petition  answer  response  motion to modify  other: \_\_\_\_\_ and/or  to appoint and pay for  
 an interpreter for the following language \_\_\_\_\_ pursuant to CJD 06-03 and as grounds state that I am  
 without funds, have no adequate funds available, and have a meritorious claim.

**All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"**

Name of Applicant			Other Responsible Party (Spouse, Parent, Other Persons in Household)		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____ City _____ State _____ Zip Code _____			Street Address (Include Apt. # if applicable) _____ City _____ State _____ Zip Code _____		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____			<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth	Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____ Work Address: _____ Work Phone #: ( ) _____ Dates Employed: _____ Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____			Most Recent Employer: _____ Work Address: _____ Work Phone #: ( ) _____ Dates Employed: _____ Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Number in Household: (including yourself) _____ Identify Name, Age, and Relationship:					

Gross Monthly Income (See Information on page 2)		Monthly Expenses (See Information on Page 2)	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
<b>Total Income</b>	\$	<b>Total Expenses</b>	\$
Cash on Hand (Cash you are carrying or which is stored at home, etc.)	\$	Credit Cards: (Show type and balance owed)	
Checking Account Balance	\$	Name/Address of Bank	
Savings Account Balance	\$	Name/Address of Bank:	
Stocks, Bonds, or other Investments Held Balance	\$	Type of Investment, Name/Location of Company/Corporation	
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Identify Year _____ Model _____ License Plate _____	
House(s) or other Property - Estimate Value	\$	Identify Year _____ Model _____ License Plate _____	
		Amount owed, Year Purchased	

**IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.**

I swear under penalty of perjury that all information provided is true and complete. In addition, I authorize the Court to make any necessary contacts to verify the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_