



Application for Legal Assistance

*Please print clearly and complete the entire application to the best of your ability.

*Please do not send us any documents other than this completed application.

*Return this application by mail: 440 N. 4th Street, Suite 390, St. Louis, MO 63102, by email: intake@archcitydefenders.org, or deliver to our office.

Full Name: _____ Date of Birth: ___/___/___

Social Security Number: ___-___-___ United States Citizen? Yes No

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Safe to Call/Msg? Alt Phone: _____ Safe to Call/Msg?

Email: _____ Driver's License No: _____

Race: European American/White African American/Black American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Doesn't Know Refused Other

Gender ID: Female Male Transgender No Identity Refused Other

Pronoun: He/Him/His She/Her/Hers They/Them/Their

Ethnicity: Hispanic/Latino(a) Not Hispanic/Latino(a) US Veteran: Yes No

Primary Language: English Spanish French German Bosnian Polish Other _____

Marital Status: Single Married Separated Widowed Divorced Dependents: Yes No

Do you have a disabling condition? Yes: Physical Developmental Mental

Do you have a chronic mental illness? Yes No

(A severe and persistent mental or emotional impairment that seriously limits your ability to live independently)

Do any of the following apply? (Select all that apply): Domestic Violence Survivor Runaway Youth HIV/AIDS Alcohol Abuse Drug Abuse Prisoner Reentry Elderly (60+)

Where do you stay? Rent Home (Subsidized) Rent Home (No subsidy) Own Your Home

Staying With Friend/Family Member (Who: _____)

Foster Care/Group Home : Location _____ On Street : Location _____

Shelter : Location _____ In Jail : Location _____

Hospital : Location _____ Psychiatric Facility : Location _____

Reason Requesting Assistance (Select all that apply):

Criminal Traffic Municipal Housing Will/Estate Police Brutality Public Benefits
Wrongful Conviction/Imprisonment Consumer/Debt Order of Protection Education Issues
Custody/Visitation/Child Support Immigration Health Care Directive/Power of Attorney
Guardianship/Conservatorship Other (Explain): _____

Opposing Party/Person/Company/Government on the other side of the case(s):

Brief Summary of Legal Matter (Use only this space provided) :

Do you have a court date? Yes No

If yes: Date: _____ Location: _____
Date: _____ Location: _____

Do you have any case numbers? Yes No

If yes, please list:

_____ Location: _____
_____ Location: _____

Household (People applicant financially supports): Number of Children: _____ Number of Adults: _____

Adult(s) (write all additional adults on the back):

Name: _____ D/O/B: _____ gender ID: _____
Name: _____ D/O/B: _____ gender ID: _____

Minor Children (write any additional children on the back):

Name: _____ D/O/B: _____ gender ID: _____
Name: _____ D/O/B: _____ gender ID: _____

Income (Include all sources, i.e. Employment, Food Stamps, TANF, Disability, Child Support, Pension)

\$ _____/month Source: _____

\$ _____/month Source: _____

\$ _____/month Source: _____

Assets

\$ _____ Cash/Bank Account (Checking/Savings)

\$ _____ Real Property (Property you cannot move, land/buildings/real estate)

\$ _____ Personal Property (Movable property. Any asset other than real estate)

***I certify that the information I provided in this application is true to my best knowledge and belief.**

Print Name

Signature

Date

***I understand that ArchCity Defenders, Inc. and its agents are not my lawyers and have not agreed to represent me in any of my legal matters. I understand that am not a client of ArchCity Defenders, Inc. and will not be unless it accepts my case for representation and I complete retainer documents with an attorney from ArchCity Defenders, Inc.**

Print Name

Signature

Date

***I authorize ArchCity Defenders, Inc. and its agents to obtain driving records, conduct warrant checks, search case records, and/or request any other documentation or information needed to process my request for legal assistance. I also grant ArchCity Defenders, Inc. and its agents permission to communicate with my referring caseworker/agency to the extent necessary to complete the application process.**

Print Name

Signature

Date

You should receive a response regarding your request for legal assistance either by mail or by phone within 5-7 business days from the date we receive your application in our office.