



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, or email: intake@archcitydefenders.org, or deliver to our office.

Full Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Safe to Call/Msg?

Safe to Call/Msg?

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)

Primary Language: English  Spanish  French  German  Bosnian  Polish  Other  \_\_\_\_\_

Marital Status: Single  Married  Separated  Widowed  Divorced

US Veteran: Yes  No

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  **Please list:** \_\_\_\_\_

**Do you have any case numbers?** Yes  No  **Please list:** \_\_\_\_\_

**Household (People staying/living with applicant):** Number of Children: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

**Adult(s) (write all additional adults on a separate page):**

Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ gender ID: \_\_\_\_\_

Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ gender ID: \_\_\_\_\_

**Minor Children (write any additional children on a separate page):**

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)

---

