



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 by email: intake@archcitydefenders.org

Full Legal Name (First, Middle, Last): _____

Preferred Name (If applicable): _____

Date of Birth: ____/____/____

Last 4 digits of Social Security Number: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: _____

Alt Phone: _____

Safe to Call/Msg?

Safe to Call/Msg?

Race: Refused European American/White African American/Black American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Different _____

Gender Identity: Refused Female Male Trans Female Trans Male Genderqueer, Gender Non-conforming, or Nonbinary Gender Different _____

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

Ethnicity: Hispanic/Latino(a) Not Hispanic/Latino(a)

Primary Language: English Spanish French German Bosnian Polish Different _____

Marital Status: Single Married Separated Widowed Divorced Partnered

Where did you stay last night?

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 - Our intakes are currently limited to the following areas of legal assistance. Please select the option that best reflects why you are seeking ACD's help.

Criminal Traffic Municipal Housing

Wrongful Conviction/Imprisonment/Conditions of Confinement Police Brutality

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)

***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 I 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 from ArchCity Defenders regarding your request for legal assistance
by mail within 5-10 business days from the date we receive your application in our office.**



**AUTHORIZATION FOR ARCHCITY DEFENDERS, INC. TO SEARCH
FOR OUTSTANDING WARRANTS, OPEN, AND/OR CLOSED CASES**

I, _____ (First, Middle, Last Name), hereby authorize ArchCity Defenders, Inc. and any of its representatives to use my personally-identifiable information, including, but not limited to, my name, date of birth, and social security number, to search various databases, including, but not limited to, REJIS and Case.Net, to locate information on any currently outstanding warrants, open, and/or closed cases I may have at the municipal or state level, including in Missouri and Illinois.

I understand and acknowledge that neither ArchCity Defenders, Inc. nor any of its representatives certify the accuracy of or otherwise make any representation regarding the search results, but are providing the information to me solely for my own interpretation.

I also understand and acknowledge that neither ArchCity Defenders, Inc. nor any of its representatives are my attorney or represent me in any way with respect to any matter or case, including any warrant, matter, or case that is revealed as a result of the above-authorized searches.

I also understand and acknowledge that not every warrant or case appears in these searches and that ArchCity Defenders will only disclose to me the warrants and information that appear in their search results.

Signature

Date

Printed Name