



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?

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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 - 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

Health Care Directive/Power of Attorney Guardianship/Conservatorship Will/Estate

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 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.
