

# LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

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## ELIGIBILITY QUESTIONNAIRE

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC normally handles **civil** cases in three areas:

- (1) **Family Law**-(ex: dissolution, custody, visitation, child support, adoption, etc.);
- (2) **Landlord/Tenant**-LAOC offers a landlord/tenant clinic on a first come/first served basis for **eligible** individuals generally every Friday between 9:30 am and 11:30 am;
- (3) **Domestic Abuse**-LAOC assists current clients and takes referrals from the Women's Shelter;

Other **eligible** cases outside of family law and housing (landlord/tenant) law, as well as cases determined to be a conflict of interest for our office, may be accepted through the Volunteer Attorney Program.

LAOC can only take **civil** cases venued in Olmsted County. "Venue" indicates which county will hear your case. Cases venued outside of Olmsted County can be referred to an appropriate legal services office, if eligible. **If you are a resident of another county or state you will need to contact a legal aid office in your area for intake.**

Upon completing this form, return it and all **necessary attachments** to LAOC. After LAOC receives the completed questionnaire, you will receive written notification regarding your eligibility for services. You will be asked to pay a one-time administrative fee of \$0 to \$50 at the time of your first appointment, depending upon your household's income. If you believe that you will be unable to pay this fee at your initial consultation, you may ask for a payment plan or a waiver at your first appointment.

\*\*At your request, we will not write to you and/or telephone you, if indicated. Please notify intake staff if you do not wish to be directly contacted by our office.

If you are served legal papers or an emergency arises, please contact LAOC **immediately** to see if it is necessary to set-up an earlier appointment. Please note that this decision will be at the discretion of our office. Your application will be kept on file for three months. After three months, you will be asked to re-apply for services.

If any of the information that you have listed on the questionnaire changes prior to your first appointment, please call LAOC with this information. If you have any questions, please contact LAOC at 287-2036.

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**VERIFICATION OF GROSS HOUSEHOLD INCOME WILL NEED TO BE ATTACHED WITH THE APPLICATION FOR REVIEW. IF NO HOUSEHOLD INCOME IS INDICATED, PLEASE EXPLAIN AS TO THE REASON. APPLICATIONS ARE REVIEWED WEEKLY.**



**INFORMATION ABOUT YOUR CHILDREN**  
(If you indicated you do not have children skip to #16)

12. How many minor children do you have (If none, please indicate.)? \_\_\_\_\_
13. Names and ages of the children relating to this matter:  
\_\_\_\_\_  
\_\_\_\_\_
14. Who do your minor children live with (Name and relationship)? \_\_\_\_\_
15. Do you regularly (**circle one**) (**receive/pay**) child support for the minor children? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has the court issued a child support order in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Amount of child support you (**receive/pay**)? \_\_\_\_\_ How often? \_\_\_\_\_  
Amount of back child support owed to/by you, if any? \_\_\_\_\_  
When was the last time you (**received/paid**) child support? \_\_\_\_\_  
Is support withheld by Automatic Income Withholding? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is your 10-digit Minnesota Child Support Number? \_\_\_\_\_

**PREVIOUS REPRESENTATION**

16. Have you ever applied for services or been represented by this office? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of opposing party in that case? \_\_\_\_\_  
Type of case? \_\_\_\_\_
17. Has anyone in your family ever been represented by this office? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of opposing party in that case? \_\_\_\_\_  
Type of case? \_\_\_\_\_
18. Has the opposing party ever been represented by our office? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of opposing party in that case? \_\_\_\_\_  
Type of case? \_\_\_\_\_

**FINANCIAL INFORMATION**

19. **List all people living with you in your home:**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>GROSS MONTHLY INCOME</u>
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(Please Attach Verification)


**FOR EACH PERSON OVER 18 (unless still in high school) THAT IS LIVING IN YOUR HOME, INDICATE THE GROSS MONTHLY INCOME AND ATTACH A PHOTOCOPY OF THEIR TWO MOST RECENT PAYSTUBS. IF YOU ARE LIVING WITH A SIGNIFICANT OTHER, YOU MUST PROVIDE INCOME VERIFICATION FOR THAT PERSON. FAILURE TO PROVIDE THIS INFORMATION WILL MAKE YOU INELIGIBLE FOR SERVICES.**

20. Are you receiving government assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please **circle** type of assistance: MA/MN Care MFIPS/AFDC GA Unemployment  
SS SSI Worker's Comp Other: \_\_\_\_\_

Amount of aid received monthly \_\_\_\_\_ Food Stamps \_\_\_\_\_

21. Employer (name and address): \_\_\_\_\_

Gross monthly income (before taxes/deductions) \_\_\_\_\_

If you state you are unemployed, why are you unemployed? \_\_\_\_\_

If self-employed, how much are your monthly self-employment expenses? \_\_\_\_\_

22. Do you receive any additional income from any other source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please circle source:

Alimony Financial Aid Dividends Interest Royalties Other: \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

23. If married, is your spouse employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Gross monthly income (before taxes/deduction): \_\_\_\_\_

24. Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how are you financing your education? (Please list the amounts)

Loan: \_\_\_\_\_ Scholarship: \_\_\_\_\_ Grants: \_\_\_\_\_ Other: \_\_\_\_\_

25. **If you have no monthly income, explain how you pay your monthly bills?**

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

### **PROPERTY/ASSETS**

26. Do you own or have a mortgage for your property? Yes \_\_\_\_\_ No \_\_\_\_\_

Whose name(s) is/are on the title? \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Current Value: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ To whom? \_\_\_\_\_

Do you have any secondary liens or mortgages on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is the secondary lien or mortgage-holder? \_\_\_\_\_

27. Do you rent (home/apartment, lot rent, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly payment: \_\_\_\_\_

28. Please list all automobiles, trucks, recreational vehicles

Year/Make/Model \_\_\_\_\_ Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

Year/Make/Model \_\_\_\_\_ Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

Year/Make/Model \_\_\_\_\_ Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

29. Do you have a checking account? Yes \_\_\_ No \_\_\_ If yes, what is the balance? \_\_\_\_\_

Do you have a savings account? Yes \_\_\_ No \_\_\_ If yes, what is the balance? \_\_\_\_\_

Do you have any CDs, stocks, bonds, 401K/402B/retirement accounts, life insurance (cash value) or other assets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list item and its value? \_\_\_\_\_

30. How were you referred to LAOC? (circle)

Friend      Phone Book      Social Services      Internet      Other: \_\_\_\_\_

31. I certify that the information that I have listed is correct to the best of my knowledge, and I agree that if I have provided false or misleading information LAOC may discontinue its representation of me at any time during my case.

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

**\*\*IF LAOC DISCOVERS THAT YOU HAVE PROVIDED FALSE OR MISLEADING INFORMATION IN THIS QUESTIONNAIRE, WE MAY DECIDE NOT TO REPRESENT YOU IN THIS OR OTHER MATTERS.\*\***