

LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

1700 North Broadway, Suite #124

Rochester, MN 55906

Phone (507) 287-2036 Fax (507) 287-2035

Website: www.laocmn.com E-mail: info@laocmn.org

ELIGIBILITY QUESTIONNAIRE

(Please read carefully and keep this page for your personal records.)

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- Dissolution, custody, visitation, child support, adoption, etc.;
- (2) Landlord/Tenant-LAOC offers a landlord/tenant clinic for **eligible** individuals generally every Friday between 9:30 am and 11:30 am;
- (3) Domestic Abuse

Other **eligible** cases and cases determined to be a conflict of interest for our office may be accepted through LAOC's 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 may be referred to an appropriate legal services office who will determine eligibility.

Upon completing this questionnaire, return it and all **necessary attachments** to LAOC. After LAOC receives the completed questionnaire and necessary attachments, 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. 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 setup 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.

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.

GENERAL INFORMATION

(Your application cannot be reviewed if this application is not completely filled out. **Please print.**)

- 1. Full Name _____ Former/Maiden _____

FirstMiddleLast

Date of Birth _____ Age _____ Gender _____ County _____ SSN: _____

Street Address _____ Apt/Lot# _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

May we leave a message? Yes ___ No ___ If yes, with whom? _____

E-Mail Address _____

Preferred Method of Contact (Check all that Apply):

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____ US Postal Mail _____

- 2. How long have you resided in MN? _____ If less than 6 months, where did you live before? _____
Are you homeless? Yes _____ No _____ Are you at risk of being homeless? Yes _____ No _____

- 3. Are you receiving disability benefits? Yes _____ No _____ If yes, how much? _____

- 4. Are you a Veteran? Yes ___ No _____

- 6. Ethnicity: (circle) African Am. Native Am. Asian White Hispanic Pacific Is. Other _____

- 7. Are you a U.S. citizen? Yes _____ No _____ If no, please explain: _____

- 8. Is English your primary language? Yes ___ No ___ If no, what is your primary language? _____
Do you need an interpreter? Yes ___ No ___

- 9. Marital Status: (Circle) Single Married Legally Separated Widowed Divorced

- 10. **What is the current matter for which you desire legal services?** (Circle and fully explain the matter below)
(If you received court documents or papers, please attach them to this application.)

Div. Div. w/Child Establish Custody/Parenting Time Modify Custody/Parenting Time

HRO/Order for Protection Third Party Custody StepParent Adoption Other

Have you attempted mediation for this legal matter? Yes ___ No ___
Is there an Order For Protection relating to this matter? Yes ___ No ___ *(If yes, bring in copies of your papers.)*
Are you a victim of domestic violence in this matter? Yes ___ No ___ Unknown ___

INFORMATION ABOUT THE OPPOSING PARTY IN THIS ACTION

(Our office requests this information for conflict purposes. If this is a third party custody or stepparent adoption, please provide information for both biological parents on the last page of this application.)

11. Full Name _____ Former/Maiden _____
 First Middle Last
Date of Birth _____ Age _____ Gender _____ County _____
Street Address _____ Apt/Lot# _____
City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____
E-mail Address: _____

INFORMATION ABOUT YOUR CHILDREN

(If you do not have children, please 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? (Names 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 ___ Unknown ___
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 ___ Unknown ___
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 _____ Unknown _____
 If yes, name of opposing party in that case? _____
 Type of case? _____

FINANCIAL INFORMATION

(This information is critical for our grant reports and for our office to make sure you are eligible for our services, please make sure to complete this accurately and completely.)

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>
				<small>(Please Attach Verification)</small>

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. If any person in your household receives SSI or SSDI, you must provide a copy of the letter indicating the amount of monthly benefits. 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. Are you a student? Yes _____ No _____
 If yes, how are you financing your education? (Please list the amounts)
 Loan: _____ Scholarship: _____ Grants: _____ Other: _____

22. Do you or your spouse have any CDs, stocks, bonds, 401K/402B/retirement accounts, life insurance (cash value) or other assets? Yes _____ No _____
 If yes, list whose name it is under, the item, and its value below. (Please note that we may ask for verification.):

EMPLOYMENT INFORMATION

23. Employment Status (circle): Minor Part-Time Full-Time Retired Unemployed
 Employer Name and Address: _____
 Hourly rate and hours worked weekly _____
 Gross monthly income (before taxes/deductions) _____

If self-employed, how much are your monthly self-employment expenses? _____
If unemployed where were you last employed? _____
If unemployed when was your last date of employment? _____
If you state you are unemployed, why are you unemployed? _____

24. If married or living with a significant other, is he or she employed? Yes _____ No _____
Where is your significant other employed? _____
What is your significant other's gross monthly income? _____

25. 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? _____

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

PROPERTY/ASSETS

27. 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? _____

28. Do you rent (home/apartment, lot rent, etc.)? Yes ___ No ___ Monthly payment: _____

29. Do you have any other property assets in your name or that you have acquired during your marriage?
Yes _____ (If yes, please list all property assets below.) No _____ Unknown _____

30. Please list all automobiles, trucks, recreational vehicles in your name or your significant others name:
Year/Make/Model _____ Value _____ Amount Owed _____
Year/Make/Model _____ Value _____ Amount Owed _____
Year/Make/Model _____ Value _____ Amount Owed _____

31. 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? _____

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

Friend Phone Book Social Services Internet LLT Hotline Walk-in Court

Woman's Shelter Previous Client Attorney Relative Other:_____

33. **Before signing this application please review and make sure it is complete and accurate.** 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 _____

34. I authorize LAOC to contact Mediation and Conflict Solutions on my behalf and share information in regards to my case, if they see that mediation is the possible fit for this legal matter.

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. Please make sure your application is complete or we will not review your application until it is filled out completely. Please submit income verification and all relevant documents with this application