

LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

1136 Seventh Street NW

Rochester, MN 55901

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

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

ELIGIBILITY QUESTIONNAIRE

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC handles cases in four areas:

- (1) Family Law-dissolution, custody, visitation, child support and adoption;
- (2) Landlord/Tenant-LAOC offers a landlord/tenant clinic on a first come/first served basis 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;
- (4) Other cases 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. 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. 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.

If you are eligible for services, LAOC will contact you to set-up an initial consultation appointment. If you are served legal papers or an emergency arises, please contact LAOC immediately to see if it is necessary to set-up a more immediate appointment. Your application will be kept on file for three months.

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.

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. Thank you.

INFORMATION ABOUT YOUR CHILDREN
(If you do not have children skip to #13)

10. Do you have children? Yes _____ No _____ If yes, how many? _____
11. Who do your children live with? (Name and relationship) _____
12. Do you regularly (circle) receive/pay child support for the children? Yes ___ No ___ N/A ___
Has the court issued a child support order? 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

13. 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? _____
14. 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? _____
15. 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

16. 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 MOST RECENT PAYSTUB. 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.

17. Are you receiving government assistance? Yes _____ No _____ If yes, please circle type:

MA/MN Care MFIPS/AFDC Unemployment GA SS SSI Worker's Comp Other(_____)

Amount of aid received monthly _____ Food Stamps _____

18. Are you employed? Yes _____ No _____ Where _____

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? _____

19. 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? _____

20. If married, is your spouse employed? Yes _____ No _____ If yes, where? _____

Gross monthly income (before taxes/deduction)? _____

21. Are you a student? Yes _____ No _____

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

Loan: _____ Scholarship: _____ Grants: _____ Other: _____

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

PROPERTY/ASSETS

23. Do you own or have a mortgage for your property? Yes _____ No _____
Whose name(s) is/are on the title? _____
What is the value of the property? _____
What was your purchase price? _____ When did you purchase? _____
How much do you owe? _____
How much is your 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? _____
24. Do you rent your home? Yes _____ No _____ Monthly payments? _____
25. 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 _____ |
26. 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 certificates of deposit, stocks, bonds, or other assets? Yes _____ No _____
If yes, list item and its value? _____
27. How were you referred to LAOC? Please circle source:
Friend Phone Book Social Services Internet Other (_____)
28. 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.****