

## LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

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### **ELIGIBILITY QUESTIONNAIRE (Juvenile)**

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC represents low-income residents of Olmsted County with various issues, including family law and landlord-tenant issues.

In order to help you, we do need some basic information about your situation. Please fill out the following questionnaire and return it to our office with a copy of your paycheck stub, if you are working.

If you are eligible for services, LAOC will contact you to set up an 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.

The fee for services for juveniles is \$50.00, which is due at your first appointment. If you cannot pay this fee, you may request a waiver.

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.



**YOUR MOTHER:**

Full Name \_\_\_\_\_ Former/Maiden \_\_\_\_\_  
                    First                    Middle                    Last  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Lot# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YOUR FATHER:**

Full Name \_\_\_\_\_ Former/Maiden \_\_\_\_\_  
                    First                    Middle                    Last  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Lot# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. When did you last live with your mother? \_\_\_\_\_ your father? \_\_\_\_\_
11. Do you have your parents' permission to live where you are living? \_\_\_\_\_
12. What school do you go to? \_\_\_\_\_ When do you expect to graduate? \_\_\_\_\_

**FINANCIAL INFORMATION**

**YOU MUST PROVIDE A PHOTOCOPY OF A RECENT CHECK STUB, RECENT TAX RETURN (IF SELF-EMPLOYED), OR VERIFICATION OF GOVERNMENT BENEFITS. FAILURE TO PROVIDE THIS INFORMATION WILL MAKE YOU INELIGIBLE FOR SERVICES THROUGH LAOC.**

13. 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 \_\_\_\_\_

14. Are you enrolled in LINK? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you receive any financial help from LINK? Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
15. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_  
Gross monthly income (before taxes/deductions) \_\_\_\_\_

16. 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? \_\_\_\_\_

17. List all people living with you in your home.

NAME AGE RELATIONSHIP

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

18. Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

19. 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? Yes \_\_\_ No \_\_\_ If yes, what is the value? \_\_\_\_\_

20. How were you referred to LAOC? Please circle source:

Friend Phone Book Social Services Internet Other (\_\_\_\_\_)

21. 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.\*\***