

## LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

1136 Seventh Street NW

Rochester, MN 55901

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

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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.

**JUVENILE  
GENERAL INFORMATION**

1. Full Name \_\_\_\_\_ Former/Maiden \_\_\_\_\_  
                    First                    Middle                    Last  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Lot# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
May we leave a message? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_
2. Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What ethnicity are you? (circle) African American Native American Asian White Latino Other
4. Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_
5. How long have you lived in Olmsted County? \_\_\_\_\_  
If less than six months, where did you live before? \_\_\_\_\_
6. Have you or anyone in your family ever applied for services or been represented by this office?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of opposing party in that case \_\_\_\_\_
7. Have you ever been involved in a legal action where the other side was represented by our office  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of the party represented by our office \_\_\_\_\_
8. What is the current matter for which you desire legal services? (Explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

9. Please complete the following information about your parents:

**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) \_\_\_\_\_

