

Legal Services of Northwest Minnesota

HOW TO APPLY FOR HELP:

1. You need to complete this form to apply for our help.
2. You can mail or fax this form to Legal Services of Northwest Minnesota

Our mailing address is:
1015 7th Ave. N.
P.O. Box 838
Moorhead, MN 56561-0838

Our fax number is: (218) 233-8586

3. We will contact you. Please call us at the number 1-800-450-8585 if you do not hear from us within 3 days.
4. If you need help filling out this application, or if you want to apply over the phone, please call us at 1-800-450-8585.

Client applications are taken Monday - Friday from 9 am to 3 pm. Sometimes you may have a hard time getting through on the phones. We want to hear from you, so please keep trying. The fastest way to apply is by calling us directly.



Legal Services of Northwest Minnesota Application for Assistance

All the information that you provide in this application is strictly confidential.

DO NOT USE PENCIL! INK ONLY PLEASE.

❶ What type of problem do you need help with? If you have more than one legal problem, please complete a separate application for each problem.

Consumer

Juvenile

Wills/Estates

Education

Health

Other Individual Rights

Employment

Housing

Family

Social Security

❷ Applicant Information:

Your Name: (First/MI/Last) _____

Your SSN: _____/_____/_____

Date of Birth: (mm/dd/yyyy) _____/_____/_____

Sex: Male Female

Your mailing address: _____

City State Zip

What county do you live in? _____

Your phone numbers:

Home: _____

Work: _____

Cell: _____

Other contact number: _____

Is it safe to write you at the above address? ____ Yes ____ No

Is it safe to call you at the above phone? ____ Yes ____ No

(If no, include safe contact info) _____

Your e-mail address (optional): _____

Your marital status:

_____ Single _____ Married _____ Divorced

_____ Widowed _____ Other: _____

Maiden Name: _____

Former name(s): _____

Other names you have gone by: _____

Your race (OPTIONAL)

(check all that apply):

_____ White _____ African-American _____ Asian or Pacific Islander

_____ Hispanic _____ Native American _____ Other: _____

Do you speak a language other than English at home?

_____ Yes(if yes, which language) _____ No _____

Are you a Veteran of the U.S. Armed Forces? _____ Yes _____ No

Citizenship (if you are a citizen of the US please sign below):

I am a citizen of the United States: _____

Signature Date _____

If you are NOT a US citizen:

a. Are you a resident alien?

_____ Yes: AIN: _____ [Attach copy of documentation/INS card]

_____ No (go to question b.)

b. Do you have a green card? _____ Yes _____ No

c. Are your children citizens? _____ Yes _____ No

d. Have you filed for adjustment of status to permanent resident? _____ Yes _____ No

You are required to furnish for copying various documents to show your status, including any of the following that apply: INS Fee Receipt, Application for Status as Permanent Resident and accompanying notarized statement, Application for Immigrant Visa and Alien Registration and accompanying notarized statement, Arrival-Departure Record, or a court order regarding deportation withholding.

If you have questions about status or eligibility, or would like a list of documents used to determine eligibility, contact Legal Services of Northwest Minnesota at 1-800-450-8585 or 218/233-8585.

③ Provide the details of the person you are having problems with (for example, in a divorce that person would be your spouse, for custody that might be the other parent -- not you, for housing -- your landlord, etc.):

Full name of person: _____

SSN of person (if you know): _____/_____/_____

Address of person: (if you know) _____

Date of Birth of person (if you know): (mm/dd/yyyy) ____/____/_____

Age: _____

Is this person represented by an attorney? _____ Yes _____ No

If yes, name of attorney: _____

Other names this person has gone by:

Maiden Name: (if applicable) _____

Former name(s): _____

④ Your household (list the names of each member of your household, their relationship to you (for example, boyfriend, son, daughter, spouse, etc.):

Full name/Relationship/Age

⑤ Household income information:

a. Are you employed? _____ Yes _____ No

Place of employment: _____

If yes, how much money do you earn each month before taxes? _____

Rate per hour \$ _____ Hours per week _____

(If you are self-employed, please provide us with the last 3 months income/expenses from the business, as well as the last 3 year's Adjusted Gross Income from your taxes.)

If you are a college student, please provide us with amount of grants and/or scholarships (amount after deduction for tuition or books.) \$ _____

If you currently receive any income from the following sources, please call our office to complete the application: regular insurance or annuity payments; income from dividends, interest, rents, and royalties; estate and trust income; foster care payments; veterans' benefits

If you are a farmer, please call our office to complete an application.

b. Is anyone else in your household employed? _____ Yes _____ No

If yes, who? _____

If yes, how much money do he/she/they earn each month before taxes? _____

Place of employment: _____

Rate per hour \$ _____ Hours per week _____

(Again, if they are (self-employed, please provide us with the last 3 months income/expenses from the business, as well as the last 3 year's Adjusted Gross Income from taxes.)

If the other person is a college student, please provide us with amount of grants and/or scholarships (amount after deduction for tuition or books.) \$ _____

If the other person is currently receive any income from the following sources, please call our office to complete the application: regular insurance or annuity payments; income from dividends, interest, rents, and royalties; estate and trust income; foster care payments.

Do you have any reason to believe that your income or the other person in the household's income is likely to change significantly in the near future?

_____ Yes _____ No

Please explain: _____

Other income information (please list monthly amounts or zero (0) if none received):

Type of Income	You	Other Person in the Household
SSI	\$ _____	\$ _____
Soc. Sec. Disability	\$ _____	\$ _____
Soc. Sec. Retirement	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
MFIP (welfare)	\$ _____	\$ _____

Veteran's Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Do you (or the other person in the household) receive any of the following assistance from the county (we do not need to know the amount, just if you receive or the other person in the household receive):

Food Support	Yes _____	No _____
Medical Assistance	Yes _____	No _____
Daycare Assistance	Yes _____	No _____
Energy Assistance	Yes _____	No _____

6 Asset information (If you or anyone in your household has any of the following, please fill in the value of each item listed below. For example, if you or someone in your household has a checking or saving account and there is no money in it - write down zero (0)):

Checking, Savings, Cash Assets:

	You	Other Person in the Household
Checking account	\$ _____	\$ _____
Saving account	\$ _____	\$ _____
CD's	\$ _____	\$ _____
Stocks or Bonds	\$ _____	\$ _____
IRA	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Vehicles (please list all vehicles):

Year	Model	Value	Money Owning

Recreational equipment (boats, guns, jet skis, motorcycles, if you have any livestock, such as horses, etc.):

Year	Model	Value	Money Owing
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Real Estate:

Do you: _____ own a home? _____ rent apartment or home? _____ live with relatives?
_____ live with friends? Or _____ other _____

If you own a home, fill in information below.

Description (physical address) _____
Value _____ Money Owing _____

Do you own any other property other than where you live?
(If you own a 2nd home, land, other real property, list below)

Description (e.g., 2nd home, cabin, etc)	Value	Money Owing
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7 Hearing and Deadlines:

a. Have you been served with any court documents? _____ Yes _____ No
If yes, what date were you served with papers? _____

b. Are there any deadlines that you know of? _____ Yes _____ No
If yes, what is the deadline? _____

c. Is there a hearing scheduled? _____ Yes _____ No
If yes, what is the date and time of the hearing? _____

