

# **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 7<sup>th</sup> 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  
Education  
Employment  
Family

Juvenile  
Health  
Housing  
Social Security

Wills/Estates  
Other Individual Rights

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 |
|-------|-------|-------|-------------|
| ----- | ----- | ----- | -----       |
| ----- | ----- | ----- | -----       |

**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 |
|--|-------|-------------|
| -----                                    | ----- | -----       |

**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? \_\_\_\_\_

