

Legal Services of Northwest Minnesota



How to apply for help:

1. You need to complete this form as best you can to apply for our help.
2. You can mail, fax, or email this form to Legal Services of Northwest Minnesota:

Moorhead Office
1015 7th Avenue North
Moorhead, MN 56560
Phone (218) 233-8585
Toll Free 1-800-450-8585
Fax (218) 422-7701

Alexandria Office
426 Broadway Street
Alexandria, MN 56308
Phone: (320) 762-0663
Toll Free 1-800-450-8585
Fax (320) 762-0740

Bemidji Office
215 4th Street NW
Bemidji, MN 56601
Phone (218) 751-9201
Toll Free 1-800-450-8585
Fax: (218) 751-9217

EMAIL ADDRESS: legalaid@lsnmlaw.org

Individuals must apply and meet income guidelines to receive free civil legal aid.

3. We will contact you after we receive the application. Please call us at **1-800-450-8585** if you do not hear from us within 2 business 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 over the phone Monday-Wednesday from 9 a.m. to 6 p.m., and Thursdays and Fridays from 9 a.m. to 3 p.m. **The fastest way to apply is by phone.** You may also apply online at www.lsnmlaw.org.

Receiving or completing this application does not create a client-attorney relationship.

Legal Services of Northwest Minnesota Application for Assistance

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

Do not fill out the form in pencil. Ink only please.

1. What type of legal issue do you have? Check all that apply.			
<input type="checkbox"/> Consumer	<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Family
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Health	<input type="checkbox"/> Housing	<input type="checkbox"/> Social Security
<input type="checkbox"/> Wills/Estates	<input type="checkbox"/> Debt Collection	<input type="checkbox"/> Public Benefits	<input type="checkbox"/> Other

2. Applicant Information.

Name – Last, First, Middle:		
Any other previous known names:	Sex (Male/Female/FTM/MTF/prefer not to answer)	
Date of Birth (mm/dd/yyyy)	Social Security Number (last 4 digits only) xxx-xx-	
Mailing Address		
What County Do You Live In?	Is it safe to write you at the above address? Y/N	
Phone Number	Is it safe to call you at the listed number? Y/N	
E-mail Address (Optional):		
Your Race/Ethnicity:	Preferred spoken language:	Marital Status:
Are you Disabled?	Are you a Veteran of the U.S. Armed Forces? Y/N	

Citizenship: If you are a citizen of the United States please sign below.

Signature: _____ Date: _____

If you are NOT a United States Citizen:

- Are you a resident alien? If not, go to 2.
Yes: AIN _____ (Attach a copy of documentation/INS Card)
- Do you have a green card? ___ Yes ___ No
- Are your children citizens? ___ Yes ___ No
- 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 your local Legal Services of Northwest Minnesota office.

3. Opposing Party Information. Please provide the details of the person you are having problems with as best as possible. If you have more than one legal issue, please fill out an Opposing Party Information box for each separate legal issue. Please list the type of legal issue as you indicated in number one:	
Opposing Party for Issue #1: Name – Last, First, Middle:	<i>Legal Issue Type as marked in #1:</i>
<i>Any other previous names:</i>	
<i>Sex (Male/Female/FTM/MTF/prefer not to answer):</i>	
<i>Social Security Number: (if known)</i>	<i>Date of Birth: (if known)</i>
<i>Address:</i>	
<i>Is this person represented by an attorney? If so, who?</i>	

Opposing Party for Issue #2: Name – Last, First, Middle:	<i>Legal Issue Type as marked in #1:</i>
<i>Any other previous names:</i>	
<i>Sex (Male/Female/FTM/MTF/prefer not to answer):</i>	
<i>Social Security Number: (if known)</i>	<i>Date of Birth: (if known)</i>
<i>Address:</i>	
<i>Is this person represented by an attorney? If so, who?</i>	

Opposing Party Issue #3: Name – Last, First, Middle:	<i>Legal Issue Type as marked in #1:</i>
<i>Any other previous names:</i>	
<i>Sex (Male/Female/FTM/MTF/prefer not to answer):</i>	
<i>Social Security Number: (if known)</i>	<i>Date of Birth: (if known)</i>
<i>Address:</i>	
<i>Is this person represented by an attorney? If so, who?</i>	

4. Household Information. List the names and ages of each member of your household, their relationship to you (for example, spouse, son, daughter, boyfriend/girlfriend, etc.)		
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

5. Household Income Information.		
Are you employed? If so, please list place of employment.		
How many hours do you work per week?	Rate per hour?	
<p>Self-Employment.</p> <p>If you are self-employed, please provide the following:</p> <ol style="list-style-type: none"> 1. Last 3 months of income; 2. Last 3 months of expenses from the business; 3. Last 3 year's Adjusted Gross Income from your taxes; and 4. Physical paper copies of last year's taxes. 		
Is anyone else in your household employed? If yes, who?		
How many hours do they work per week?	Rate per hour?	
Is anyone in your household a college student? If yes, who?		
Tuition and Books for current semester? \$	Amount received in scholarships? \$	Amount received in Grants? \$

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? If yes, please explain.

If anyone in the household is currently receiving any income from the following sources, please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Regular Insurance or Annuity Payments | <input type="checkbox"/> Income from Dividends |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Estate and/or trust Income |
| <input type="checkbox"/> Foster Care Payments | |

Other Income Information (please list monthly amounts or zero (0) if none received):

Type of Income	You	Other Person in the Household
SSI	\$ _____	\$ _____
SSDI	\$ _____	\$ _____
SSRI	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
MFIP (Welfare)	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

If anyone is currently receiving any assistance from the following sources, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Food Support | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Daycare Assistance | <input type="checkbox"/> Energy Assistance |

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

6. Assets 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):

Other Income Information (please list current amounts or zero (0) if none):

Type of Asset	You	Other Person in the Household
Checking Account	\$ _____	\$ _____
Saving Account	\$ _____	\$ _____
CD's	\$ _____	\$ _____
Stocks or Bonds	\$ _____	\$ _____
IRA	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

<i>Vehicles (please list all vehicles):</i>			
<i>Year</i>	<i>Model</i>	<i>Value</i>	<i>Money Owing</i>
<hr/>			
<hr/>			
<hr/>			
<i>Recreational equipment (boats, guns, jet skis, motorcycles, if you have any livestock, such as horses, etc.):</i>			
<i>Year</i>	<i>Model</i>	<i>Value</i>	<i>Money Owing</i>
<hr/>			
<hr/>			
<hr/>			
<i>Do you own a home? If so, please list the physical address:</i>			
<i>Value of the home:</i>		<i>Money Owing:</i>	
\$		\$	
<i>Do you own other property other than where you live? If so, please list the physical address:</i>			
<i>Value of the other home:</i>		<i>Money Owing:</i>	
\$		\$	
<i>Do you rent an apartment or home? Y/N</i>		<i>Do you live with relatives or friends? Y/N</i>	

7. Hearing and Deadlines:
Have you been served with any court documents? If so, what date were you served with papers?
Are there any deadlines that you know of? If yes, what is the deadline?
Is there a hearing scheduled? If yes, what is the date and time of the hearing?

