

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.

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: M F

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 your green card]

_____ No (go to next question)

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

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 it): _____/_____/_____

Address of person: _____

Date of Birth of person (if you know it): (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

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

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? _____

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

Type of Income	You	Other Person
SSI	\$ _____	\$ _____
Soc. Sec. Disability	\$ _____	\$ _____
Soc. Sec. Retirement	\$ _____	\$ _____

Child Support	\$ _____	\$ _____
MFIP (welfare)	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

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
Checking account	\$ _____	\$ _____
Saving account	\$ _____	\$ _____
CD's	\$ _____	\$ _____
Stocks or Bonds	\$ _____	\$ _____
IRA	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Vehicles (please list all vehicles):

Year	Model	Value	Money Owing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recreational equipment (boats, guns, jet skis, horses, motorcycles, 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? _____

8 Briefly describe your problem: (use additional paper if necessary)

