



Eligibility for Legal Services Form

First, please check Eligibility Guidelines. Then fill out and submit the following form by printing and mailing or emailing it to info@AccessJustice.net. Please be sure to also fill out and submit the Request for Legal Services Form.

Both this Eligibility Form and the Request for Legal Services Form must be received by Access Justice before we are able to consider your request for legal assistance. Your request will be evaluated as soon as possible and, if accepted, may require the payment of an appropriate retainer fee before legal assistance will be provided.

If you need help filling out this application, or if you want to apply over the phone, please call us at 612-879-8092 or toll free at 1-877-999-AJ OK (2565). Client applications are taken Monday through Friday from 10 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 or leave us a voice mail and we will return your call as soon as we can.

In addition to providing the information below, a completed Request for Legal Services Form must accompany this form. If the Request for Legal Services Form is not included, your request for legal assistance will not be considered until the completed form is received.

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

1) Applicant Information:

Your Name (First/MI/Last): _____

Your SSN: _____

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

Gender: ___ M ___ F

Mailing Address: _____

City State Zip: _____

Phone Numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

E-mail Address: _____

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 marital status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Other: _____

Maiden Name: _____

Former Name(s): _____

Other Names you have gone by: _____

Your race - check all that apply (OPTIONAL):

___ White ___ African-American ___ Asian or Pacific Islander ___ Hispanic ___ Native American

___ Other: _____

Do you speak a language other than English at home?

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

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

2) Your household (list the names of each member of your household, their relationship to you

(for example, spouse, son, daughter, boy/girlfriend, etc.):

Full name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Household Income Information:

Please provide accurate documentation (e.g. copies of payment stubs, tax returns, government communications and/or similar and recent documentation) to support the information supplied below.

Are you employed? ___ Yes ___ No

Name and address of most recent employer: _____

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

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 (Account #; Amount)	Other Person (Account #; Amount)
SSI:	_____	_____
Soc. Sec. Disability:	_____	_____
Soc. Sec. Retirement:	_____	_____
Child Support:	_____	_____
Spousal Maintenance:	_____	_____
Pension & Retirement Benefits:	_____	_____
MFIP (welfare):	_____	_____
Veteran's Benefits:	_____	_____
Unemployment:	_____	_____
Worker's Compensation:	_____	_____
Other:	_____	_____

4) Asset Information:

If you or anyone in your household has any of the following, please fill in the value and provide documents for each item listed. For example, if you or someone in your household has a checking or saving account and there is no money in it, enter zero (0):

Type of Assets	You (Account #; Amount)	Other Person (Account #; Amount)
Checking, Savings, Cash:	_____	_____
Checking account:	_____	_____
Saving account:	_____	_____
CD's:	_____	_____
Stocks or Bonds:	_____	_____
IRA:	_____	_____
Other:	_____	_____
Other:	_____	_____

Vehicles (please list all vehicles):

Year	Model	Value	Money Owed
_____	_____	_____	_____
_____	_____	_____	_____

Recreational Equipment (boats, guns, jet skis, horses, motorcycles, etc.):

Year	Model	Value	Money Owed
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate:

Do you: own a home? have a mobile home? rent apartment or home? (Monthly Rent \$ _____)
 live with relatives? live with friends? other _____

If you own a home, fill in information below.

Description (physical address): _____

Value: _____ Money Owed: _____ Mortgage Holder & Account # : _____

Property Tax (please include copy of statement): _____

Do you own any property other than where you live? Yes No (If yes, please describe other property below).

Description (physical address): _____

Value: _____ Money Owed: _____

5) Debt Information: (individual and/or joint)

Credit Card (name, # and amount): _____

Credit Card (name, # and amount): _____

Credit Card (name, # and amount): _____

Loan (company, #, amount, monthly payment): _____

Loan (company, #, amount, monthly payment): _____

Other: _____

I/we submit and sign this form by stating that the information provided is complete, true and accurate in every material respect and that , if found to be otherwise, Access Justice may decline to represent me/us and/or immediately withdraw from any further representation.

Print Name: _____ Date: _____

Signature: _____

**6) Please submit this signed, dated and completed form and your signed and dated Request for Legal Services Form to:
Access Justice - PO Box 3654, Minneapolis, MN 55403-9998
Phone: 612.879.8092 Toll Free: 1.877.999.AJ OK (2565) Fax: 612.879.8707 E-Mail: info@AccessJustice.net**

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