

ENE SERVICE FEE ADJUSTMENT REQUEST

Name: _____ Date of Request: _____

Name of Evaluator(s): _____

I. PLEASE COMPLETE THE FOLLOWING:

1. _____ I am currently eligible for and am receiving public assistance, (MFIP, GA, MA, MSA, SSI, or food stamps).
2. _____ I am currently eligible to receive legal services from LASNEM (Legal Aid Services of NE Minnesota) or the Volunteer Attorney Program.

OR

II. IF NONE OF THE ABOVE APPLY AND YOU WANT CONSIDERATION FOR FEE ADJUSTMENT, PLEASE COMPLETE THE FOLLOWING:

_____ How many children in your household/family? (minors only)

_____ Monthly gross income?

_____ Source of income: wages, self-employment, unemployment, workers comp, RSDI, veteran's benefits, other _____

_____ I own the following property (please fill in the value for each):

_____ cash

_____ checking, savings, credit union accounts

_____ cars, other vehicles (equity value = market value minus unpaid loan)

_____ type \$ _____

_____ type \$ _____

_____ Real Estate which I own or am part owner

_____ homestead value (equity)

_____ other

_____ Unusual medical expenses or other emergencies you want us to consider:

_____ If self employed:

_____ Tools, machines, office furniture, accounts receivable, inventory reasonably necessary in your trade or business (value)

_____ Lawsuit settlement proceeds pending, if so, anticipated amount _____

_____ Other: _____