**STATE OF MINNESOTA IN DISTRICT COURT**

**COUNTY OF SHERBURNE TENTH JUDICIAL DISTRICT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAW LIBRARY ATTORNEY REFERRAL**

Congratulations on reaching an agreement in your case through the Early Neutral Evaluation Process. Because neither party is represented by an attorney, the Sherburne County Law Library would like to offer you, free of charge, assistance in drafting the documents you will need to file with the Court to finalize your case. This service involves you meeting with an attorney, who will be paid by the Sherburne County Law Library, to assist you in preparing your final documents.

If you would like to use this service, contact:

Elizabeth Moore

Moore Legal Services, PLLC

The Landmark Building

19021 Freeport Street, Suite 500-B

P.O. Box 248

Elk River, MN 55330

(763) 441-4862

Elizabeth.Moore@moorelegalservices.net

within one (1) week of your final Early Neutral Evaluation session (the session which resulted in your signed agreement) and provide to her a copy of your signed agreement, a copy of the Petition or Motion and any Answer or Counter-Claim filed in your case, along with a “Law Library Attorney Referral Intake Form” completed by each of the parties.

If you choose not to use this service, you may hire an attorney to help you draft the final documents or you may visit mncourts.gov for forms to assist you.

**STATE OF MINNESOTA IN DISTRICT COURT**

**COUNTY OF SHERBURNE TENTH JUDICIAL DISTRICT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAW LIBRARY ATTORNEY REFERRAL INTAKE FORM**

Each party shall completed the below information and provide it to Ms. Elizabeth Moore along with a copy of their signed agreement, a copy of the Petition or Motion and any Answer or Counter-Claim filed in their case.

Case number: 71-FA-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is for: [ ]  Petitioner [ ]  Respondent

Your full Name:

First Middle Last

Address:

 Street Address Apt. No.

City County State Zip Code

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

Current Employment: (if you currently has more than two jobs, use an attachment for the additional jobs.)

Name of Employer (If self-employed, list name and business address)

Employer’s Street Address

City State Zip Code

**If this case involves children, answer the following:**

I am the [ ]  father / [ ]  mother

Has a County started a Support case involving Petitioner and Respondent or their children?

[ ]  YES [ ]  NO.

If YES, the case was started in \_\_\_\_\_\_\_\_\_\_\_\_\_ County, in the State of \_\_\_\_\_\_\_\_\_\_ and the court file number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The case [ ]  has been Dismissed [ ]  is Pending [ ]  resulted in an Order for Support.

**If this case is a marital dissolution (divorce) case, answer the following:**

Your former or other names (or write “none” if you have not gone by any other names):

 \_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

 \_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Name Change

 Are you requesting a name change? [ ]  YES [ ]  NO.

 If yes, what do you want to change your name to:

 First Middle Last

Date and location of marriage (month, day, year):

in the City of , County of , State of , Country of

Physical Living Situation:

Do Petitioner and Respondent live together at this time? [ ]  YES [ ]  NO

 If **NO**, the date of separation was: .

 Month Day Year

If **YES**, Petitioner and Respondent are living together at this time because:

Pregnancy

 a. Is the Wife pregnant? [ ]  YES [ ]  NO

 b. If the Wife is pregnant answer (i) and (ii):

 i. The date the baby is due is

 Month Day Year

 ii. Do Petitioner and Respondent agree that Husband is the biological father of the unborn child? [ ]  YES [ ]  NO