State of Minnesota   **District Court**

County	Judicial District:
	Court File Number:
	Case Type:

Plaintiff/Petitioner

vs.

Defendant/Respondent

**Affidavit for Proceeding
In Forma Pauperis
(Minn. Stat. § 563.01)**

1. I am a party in this action. I am a natural person (not a corporation, partnership or other entity). In good faith, I request a court order waiving court fees and costs. I cannot support my family and myself and also pay or give security for costs.

2. I believe that I have valid reasons for pursuing this action. **My pleadings** (the Petition, Complaint, Answer, Appeal or other pleading) **are attached.**

3. a. ❑ I am receiving public assistance under one or more of the following **means-tested** programs:
    ☐ SSI and/or MSA (The Supplemental Security Income and Minnesota Supplemental Assistance Programs);
    ☐ MFIP (Minnesota Family Investment Program);
    ☐ Food Stamps;
    ☐ General Assistance or Discretionary Work Program;
    ☐ Medical Assistance or General Assistance Medical Assistance;
    ☐ Energy Assistance;
  b. ❑ I am receiving public assistance under some other means-tested program: (Name the program)

    I have attached proof that I receive public assistance (such as MFIP card or cancelled check from agency) **or I will provide proof if the Judge asks for proof.** *If you checked #3a. and receive help under one of the listed programs, skip to the signature line on page 2. If you checked #3b. and receive some "Other" means-tested assistance, go to Question 4.*

4. ❑ I am represented by attorney _____ on behalf of _____ _____ a civil legal services program or volunteer attorney program, based on indigency. *If you checked #4, skip to the signature line on page 2.*

5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household.) For my family size, I counted myself and (list all others):

Name	Age	Relationship to you

6. ❑ My gross **annual** family income (before taxes and deductions) is $_____ which is less than 125% of the Federal Poverty Line for my family size of _____ members. *If you checked #6, skip to the signature line on page 2.*

If you did not check #3a, 4, or 6 you must answer all of the rest of the questions.

7.   My gross **monthly** income before taxes and deductions is $_____. My net (take home) **monthly** income is $_____, and the source of that income is: ❑ Job ❑ Unemployment ❑Child Support or Spousal Support ❑Public Assistance ❑Trust Income ❑ SSI ❑Other: _____

8.   My spouses' gross **monthly** income before taxes and deductions is $_____. My spouses' net (take home) **monthly** income is $_____, and the source of that income is_____ ; OR, I do not know my spouses' income because:_____ _____OR   ❑ I am not married.

9.   All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of that Income

10.   I pay $_____ per month in court-ordered child support and/or court-ordered child care.

11.   I pay $_____per month in court-ordered spousal support.

12.   I pay $_____ per month for ❑ rent ❑ mortgage payment.

13.   I own: Cash $_____
         Checking, savings and credit union accts $_____
         Cars, other vehicles (list make, year and equity value (market value minus unpaid loans))
                 _____ $_____
                 _____ $_____
         Real Estate (market value minus unpaid mortgage/loans)
                 Homestead: $_____
                 Other Real Estate: $_____
         Other personal property (jewelry, stocks, bonds, etc. - list separately)
                 _____ $_____
                 _____ $_____

14.   I am presently $_____ in debt, excluding car loans and real estate mortgage/loans.

15.   Other factors which support my request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation): _____

         _____

         _____   _____

Dated: _____   _____ _____
                                       Signature *(Sign only in front of notary public or court administrator)*

Sworn/affirmed before me this   Name: _____

_____day of_____,_____.   Address: _____

_____   City/State/Zip: _____

Notary Public \ Deputy Court Administrator   Telephone: (_____)_____