

State of Minnesota

District Court

County of:	Judicial District: _____
	Court File Number: _____
	Case Type: _____

**Affidavit for Proceeding
In Forma Pauperis**

(Minn. Stat §563.01)

Plaintiff/Petitioner (first, middle, last)

vs/and

Defendant/Respondent (first, middle, last)

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.
 - MSA (Minnesota Supplemental Assistance Programs);
 - MFIP (Minnesota Family Investment Program);
 - Food Stamps;
 - General Assistance or Discretionary Work Program;
 - MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
 - Energy Assistance;
- b. I am receiving public assistance under some other means-tested programs. (Name the program)

I have attached proof that I receive public assistance (such as MFIP card or canceled check from agency) or **I will provide proof if requested**.

- c. I receive Supplemental Security Income (SSI) as a resource for meeting my expenses.
4. I am represented by attorney _____ on behalf of _____ a civil legal services program or volunteer attorney program, based on indigency.
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):

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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. **I have attached proof of my family income or I will provide proof if requested.**
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/wages Unemployment Spousal Support Trust Income
 Social Security Other _____
8. My spouse's gross **monthly** income (before taxes and deductions) is _____
 My spouse's net (take home) monthly income is _____ and the source of that income is _____ OR, I do not know my spouse's 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 Income

10. I receive _____ per month in child support (includes medical support and/or child care support).
11. I pay _____ per month in child support (includes medical support and/or child care support).
12. I pay _____ per month in court-ordered spousal support.
13. I pay _____ per month for rent mortgage payment.

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14. 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) _____

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

16. Other factors which support your 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):

By signing this Affidavit, I am certifying that these statements are true under penalty of perjury. I understand that if I provide false information on the form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or requested records may result in denial of my motion to proceed In Forma Pauperis. I am authorizing that the facts contained in this Affidavit may be verified by any means required.

Dated: _____

 County and State where signed

 Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____