

**CONFIDENTIAL**

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner  
vs / and

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

\_\_\_\_\_  
Defendant/Respondent

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 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 requested.**

- c.  I receive Supplemental Security Income (SSI) as a resource for meeting my expenses.  
*If you checked #3a or 3c 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. **I have attached proof of my family income or I will provide proof if requested.** *If you checked #6, skip to the signature line on page 2.*

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**If you did not check #3, 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 / 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 that Income

10. I receive \$\_\_\_\_\_ per month in child support (includes medical support and/or child care support).

11. I pay \$\_\_\_\_\_ per month in court-ordered 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.

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Sign only in front of notary public or court administrator)*

Sworn/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Notary Public \ Deputy Court Administrator