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State of	f Minnesota	District Court	
County		Judicial District: Court File Number: Case Type:	
In the Mat	ter of the Welfare of the Child(ren) of:		
☐ Parent	☐ Legal Custodian	Affidavit for Court-Appointed Attorney	
		Minn. Stat. § 260C.163, subd. 3	
☐ Parent	☐ Legal Custodian	_	
	Section	1 – Personal Information	
1.	I am a parent, guardian, or legal of an attorney to represent me.	custodian in this action. I want the court to appoint	
2.	I am receiving public assistance of public assistance. Yes No	or a legal dependent in my household is receiving	
	Minnesota Supplemental Assista Program (MFIP); Food Stamps (1	aclude means-tested government benefits like nce (MSA) Programs; Minnesota Family Investment EBT Card); General Assistance; MinnesotaCare, stance; and Supplemental Security Income (SSI).)	
3.	I live in Section 8 Housing or oth	er publicly funded housing. Yes No	
4.	I am represented by a public defender in another Minnesota court case, based on my financial circumstances. Yes No		
	If you checked "Yes"	to any statement above, skip to Section 3.	
	Section	2 – Financial Information	
5.	I am represented by an attorney f court case. Yes No	rom a legal aid organization in another Minnesota	
6.	My family size is (Include yourself, your spouse, your minor children, and other dependents in your household.)		
7.	_ · · · _	ered child support in the amount of month / year.	

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		If I am supposed to receive child support, I am receiving the payments as ordered? Yes No
8.	I □ pay amount o	or receive court ordered spousal maintenance (alimony) in the of \$ each week / month / year.
		If I am supposed to receive spousal maintenance, I am receiving the payments as ordered ? Yes No
	, -	The spousal maintenance payments will end
9.		rently working. Yes No I work multiple jobs. Yes No No nclude income from all jobs)
]	If working, I started
]	I work a total of hours per week.
		Before taxes are taken out, I am paid a total of \$ per \[\] week / \[\] month / \[\] year
	I work se	easonally. Yes No
]	If yes, my income from seasonal work is \$ per year.
10.		e following other sources of income (such as, tribal payments, yment compensation, other household income available to me, etc.):
		·
11.	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: \$
		\$ \$

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13. I pay \$ per month for rent mortgage payment. 14. I have the following other extraordinary expenses that I want the court to knot about (explain unusual medical expenses, emergencies, reasons that the farmoney is not available to you, or other circumstances to help the court understand your situation): Section 3 – Agreement By signing this Affidavit, I am certifying that these statements are true under penalt 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 request. I am authorizithe facts contained in this Affidavit may be verified by the court. I understand that appointed an attorney, I have a continuing duty to notify the court of any changes to financial circumstances. Dated Signature Name: Address: County and state where signed City/State/Zip: Telephone:	ite	2. I am presently \$ mortgage/loans.	12.
about (explain unusual medical expenses, emergencies, reasons that the farmoney is not available to you, or other circumstances to help the court understand your situation): Section 3 - Agreement		3. I pay \$	13.
By signing this Affidavit, I am certifying that these statements are true under penalt 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 request. I am authorizing the facts contained in this Affidavit may be verified by the court. I understand that appointed an attorney, I have a continuing duty to notify the court of any changes to financial circumstances. Dated Signature Name: Address: City/State/Zip: County and state where signed City/State/Zip: City/State/		about (explain unusual r money is not available	14.
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Address: County and state where signed City/State/Zip:		ppointed an attorney, I have a coi	
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