

**State of Minnesota**

**District Court**

County \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

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

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where *Affidavit* signed)

- 1. I am a party in this action and make this request in good faith.
- 2. (Check one of the following:)

An order allowing me to proceed *in forma pauperis* without paying filing fees, service and publication fees, and copy fees has previously been issued in this case.

Or

I have completed and attached an “Affidavit for Proceeding *In Forma Pauperis*.”

- 3. I am asking for an order directing the payment of the following costs by the state courts:
  - a.  Witness/expert witness for: \_\_\_\_\_
  - Trial  Deposition

Name and address of witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I expect this witness to provide the following evidence or testimony (please give a general description):

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

I estimate the costs for this witness to be:

Subpoena \$ \_\_\_\_\_  
Service Fee \$ \_\_\_\_\_  
Mileage \$ \_\_\_\_\_  
Attendance Fee \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

b.  Transcript expenses:  
Date of hearing, trial or deposition: \_\_\_\_\_

I need a copy of this transcript for the following reasons:

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

I estimate the costs of obtaining this transcript to be:

Court reporter fees \$ \_\_\_\_\_  
Copy fees \$ \_\_\_\_\_  
Other; \_\_\_\_\_ \$ \_\_\_\_\_

c.  Other expenses:

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

These expenses are necessary because:

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

Estimated costs: \$ \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator