

CONFIDENTIAL

State of Minnesota

District Court

County

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

Plaintiff/Petitioner

**Affidavit for Proceeding
In Forma Pauperis**

vs / and

(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.
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):

Name	Age	Relationship to you

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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: _____ Signature _____

County and state where signed

Name: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____
E-mail address: _____