

**CONFIDENTIAL**

**State of Minnesota**

**District Court**

County \_\_\_\_\_

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

In the Matter of the Child(ren) of:

\_\_\_\_\_  
 Parent       Legal Custodian

and

\_\_\_\_\_  
 Parent       Legal Custodian

**Guardian ad Litem  
Fee Waiver Application**

(CHIPS)

1. Have you been granted an In Forma Pauperis in this proceeding?  
 No  
 Yes (If you have a current IFP Order waiving fees in this proceeding, you may STOP here and go to the last page to sign and date the application.)
  
2. Are you, or a dependent who lives with you, receiving any form of public assistance?  
 No  
 Yes (Please provide supporting documentation and check all boxes below that apply):
  - MSA (Minnesota Supplemental Assistance Programs)
  - MFIP (Minnesota Family Investment Program)
  - Supplemental Security Income (SSI)
  - Food Stamps
  - General Assistance
  - MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance
  - Other

If a dependent living with you receives public assistance, how are they related to you?

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

3.  I am represented by a civil legal services program or volunteer attorney program, based on indigency. My attorney's name is \_\_\_\_\_.

**If you have indicated that you are receiving public assistance or legal assistance, you may STOP here and go to the last page to sign and date the application. If not, you MUST fill out the complete application on the following pages.**

4. 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

**CONFIDENTIAL**


5. My gross **annual family** income (before taxes and deductions) is \$\_\_\_\_\_.

**I have attached proof of my family income or I will provide proof if requested.**

6. 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: \_\_\_\_\_

7. 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.

8. 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

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

10. I pay \$ \_\_\_\_\_ per month in court-ordered child support (includes medical support and/or child care support).

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

12. I pay \$ \_\_\_\_\_ per month for  rent  mortgage payment.

13. 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: \$ \_\_\_\_\_

**CONFIDENTIAL**

Other Real Estate: \$ \_\_\_\_\_  
Other personal property (jewelry, stocks, bonds, etc. - list separately) \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

14. I am presently \$ \_\_\_\_\_ in debt, excluding car loans and real estate mortgage/loans.

15. 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): \_\_\_\_\_

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

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
County and state where signed

\_\_\_\_\_  
Signature

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

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

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

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

Email: \_\_\_\_\_