

EIGHTH JUDICIAL DISTRICT
GUARDIAN AD LITEM FEE WAIVER APPLICATION
(Effective 12-3-03 as approved by CET)

PLEASE READ BEFORE PROCEEDING: If you, or a dependent who lives with you, receive any form of government assistance you may be eligible for a waiver of Guardian ad Litem fees. Please provide your name, address and other information directly below then check any of the boxes below that apply. If you have checked any of these boxes you must provide supporting documentation. You may then STOP at the end of this page and proceed to the last page and simply sign and date this application.

Name (First, Middle and Last): _____

Social Security Number: _____ Case Number: _____

Current Address: _____

Home phone #: _____ Work phone #: _____

1. Are you, or a dependent who lives with you, receiving any form of government assistance ?

☐ No (Proceed to Page 2)

☐ Yes (Please provide supporting documentation and check the box below that applies):

☐ Social Security Insurance (SSI Disability, e.g.)

☐ Medical Assistance

☐ Food Stamps

☐ MFIP (Minnesota Family Investment Program)

☐ General Assistance

☐ IFP (You have been granted an In Forma Pauperis or Public Defender waiver in this proceeding)

☐ Other? _____

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

Please note that you may be asked to provide some additional information even if you have checked one of these boxes. Someone from Court Administration or District Guardian ad Litem program will be calling to verify the information provided.

If you have indicated that you are receiving benefits or assistance above (and have provided supporting documentation), you may STOP here and go to the last page to sign and date the application. If you have not checked any of the boxes above you MUST fill out the complete application on the following pages.

Applicant

If you have NOT checked any of the boxes on the first page above please follow these instructions: Thoroughly and legibly complete this Application for Guardian ad Litem Fee Waiver Consideration. Do not leave any blanks. If an item does not pertain to you, fill in N/A for not applicable. In order to process your request, you are required to provide the Court with the following information. If you do not provide all the information requested, the Court may deny your request to waive the Guardian ad Litem fees.

| | | | | | | | | |
|--|--|--------------------------------|---------------|--|--|------------------|----------------------------------|--|
| Name:(First, Middle, Last) | | | | Nickname; Maiden Name: | | | | |
| Social Security #: | | Date of Birth / Age | | Student: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Not Student | | | College/University/Trade School: | |
| Current Address: including House #, Apt/Bldg. # or Mobile Home Lot # Code | | | | | | | City State Zip How Long? | |
| Previous Address: including House #, Apt/Bldg. # or Mobile Home Lot # Code | | | | | | | City State Zip How Long? | |
| Permanent Mailing Address: including House #, Apt/Bldg. # or Mobile Home Lot # City State Zip Code | | | | | | | | |
| If student, list parent's name and address: | | | | | | | | |
| Home Phone #: | | | Work Phone #: | | | Message Phone #: | | |
| Driver's License #: | | State _____ Exp Date: _____ | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower | | | | |
| Number of Dependents: <input type="checkbox"/> Spouse <input type="checkbox"/> Children (Ages): _____ <input type="checkbox"/> Other (Relationship) _____ | | | | | | | Total Dependents: | |

| | | | | | | | |
|--|-------------|--|--|--------------------|--|---|---------------------------|
| Employer Information | | | | | | | |
| Employer: (Name and Address): | | | | Supervisor's Name: | | | Supervisor's Phone #: |
| How Long? | Your Title: | | Hours Per Week: | Hourly Rate: | Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____ | | Date of Next Paycheck: |
| Payroll Deductions: <input type="checkbox"/> Health Ins. <input type="checkbox"/> Savings <input type="checkbox"/> Garnishments <input type="checkbox"/> Life Ins. <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____ | | | If Unemployed: Your Trade: _____ _____ | | Are you seeking Employment <input type="checkbox"/> Yes <input type="checkbox"/> No | How long have you been unemployed? _____ Weeks | |

Spouse

| | | | | | | | | |
|-----------------------------|--------|------------------------------|-----------------|------------------------|--|--|---------------------------|--|
| Name: (First, Middle, Last) | | | | Nickname, Maiden Name: | | | | |
| Social Security # | | Employer: (Name and Address) | | | Supervisor's Name: | | Phone #: | |
| How Long? | Title: | | Hours Per Week: | Hourly Rate: | Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____ | | Date of Next Paycheck: | |

| | | | | | | | |
|-------------------------|--|-------|----------|--------|------------------|--|----------------|
| ASSETS | | | | | | | |
| Vehicle #1 (Make/Model) | | Year: | Plate #: | State: | Expiration Date: | | Present Value: |

| | | | | | |
|--|-------|----------|--------|---|------------------|
| Vehicle #2 (Make/Model) | Year: | Plate #: | State: | Expiration Date: | Present Value: |
| Bank Accounts (Name/Address of Institution): | | | | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Current Balance: |
| Credit Union Accounts (Name & Address of Credit Union) | | | | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Current Balance: |
| Investment Accounts (Name & Address of Institution) | | | | Type: | Estimated Value: |
| Other: | | | | Type: | Estimated Value: |

| MONTHLY INCOME RECEIVED | | MONTHLY EXPENSES PAID | |
|--|----|--|----|
| Net Take-Home Pay (Self) | \$ | Mortgage/Rent (Your Portion) | \$ |
| Net Take-Home Pay (Spouse) | | Second Mortgage | |
| Unemployment Benefits | | UTILITIES (Your Portion): | |
| Worker's Compensation | | | |
| Welfare Type: _____ | | | |
| Social Security | | | |
| Retirement/Pension | | | |
| Child Support | | | |
| Alimony/Maintenance | | Alimony/Maintenance | |
| Disability | | Child Support | |
| Veteran's Benefits | | Vehicle Loan(s) | |
| Parent's Allowance | | Vehicle Insurance | |
| Accident Benefits | | Life/Health Insurance | |
| Interest | | All Bank Credit Cards | |
| Dividends | | All Credit Cards/Charge Accounts (Major Credit, Gas, Dept Stores) | |
| Other: | | Loans (Personal, Student, Bank) | |
| Other: | | Medical/Hospital/Dental | |
| TOTAL MONTHLY HOUSEHOLD INCOME | \$ | | |
| If student receiving any financial aid, please indicate the type and amount. Type: _____ \$ _____ | | TOTAL MONTHLY HOUSEHOLD EXPENSES | \$ |
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Case # _____

COMMENTS:

I swear (affirm) under the penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court. I also understand that if collection proceedings take place the information provided on this form may be forwarded to the Minnesota Department of Revenue for collection purposes.

Signed: _____ Date: _____

RETURN COMPLETED APPLICATION TO:

EIGHTH JUDICIAL DISTRICT ADMINISTRATION
GUARDIAN AD LITEM PROGRAM
505 Becker Ave., Suite 107
WILLMAR, MN 56201

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|-------------------------------|
| FOR OFFICE USE ONLY |
| Application for Waiver |
| Approved/Date: _____ |
| Denied/Date: _____ |