

State of Minnesota

Conciliation Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Conciliation

Plaintiff

VS

Defendant

Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).

Affidavit of Inability to Pay Conciliation Court Filing Fee (CCT104)

_____, states the following:

1. I am a natural person and a party in the above-entitled action.
2. I have reviewed the Federal Poverty Guidelines, and I do not have the ability to pay the Conciliation Court filing fee.
3. I understand that if the Court finds in my favor on my claim or counterclaim, the amount of the fees which I would have had to pay to file this claim or counterclaim must be included in the order for judgment and paid to the administrator of Conciliation Court by me out of any money recovered by me on the judgment.

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 *Affidavit*, it may lead to criminal charges. I am authorizing that the facts contained in this *Affidavit* may be verified by any means required.

Date: _____

Signature: _____

Name: _____

County and state where signed: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____