

State of Minnesota

District Court

County of:

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

Plaintiff (first, middle, last)

vs.

**Affidavit of Inability to Pay
Conciliation Court Filing Fee**

Defendant (first, middle, last)

_____, 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 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.

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____