

CONFIDENTIAL

See Instructions (FEE101) for help in filling out this form.

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: _____

Plaintiff/Petitioner

VS/AND

Defendant/Respondent

Affidavit to Request Fee Waiver (In Forma Pauperis) (FEE102)

Minn. Stat. § 563.01

1. I am a party in this action. I am not filing on behalf of a business. In good faith, I ask for 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 good reasons for making this request.

Choose one:

I am including my pleadings with this *Affidavit* (or I have already filed my pleadings but have not yet paid the filing fee).

→ Examples of pleadings include the petition, complaint, answer, motion, etc.

OR

I only want to have copy fees waived. I do not have any pleadings to file at this time.

3. I have a lawyer through a civil legal services program or volunteer attorney program that gives legal services to people with low incomes.

My lawyer's name is: _____

My lawyer works or volunteers for: _____

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**If you checked #3, skip to the end of this form and sign the last page.
You do not need to fill out the rest of the form.**

4. I do not receive public assistance. (If checked, skip to #5)

OR

I receive public assistance. (Choose "a" or "b")

a. I receive public assistance under one or more of the following programs:

- SSI (Supplemental Security Income)
- MSA (Minnesota Supplemental Security Aid) or Emergency MSA
- GA (General Assistance) or Emergency GA
- SNAP (Supplemental Nutrition Assistance Program, also known as food stamps)
- MFIP (Minnesota Family Investment Program), MFIP Diversional Work Program (DWP), or Work Participation Cash Benefit
- MinnesotaCare or Medical Assistance
- Receipt of part D extra help or payment by the government of Medicare part B premiums
- Emergency Assistance or county crisis funds;
- Energy or Fuel Assistance

OR

b. I receive public assistance through a different program based on my income: (list the program) _____

I will include proof that I receive public assistance listed in 4a and 4b.

→ Examples of proof include a copy of EBT card, statement of benefits, benefits award letter, cancelled check from an agency, etc.

**If you checked a box in #4a, skip to the end of this form and sign the last page. You do not need to fill out the rest of the form.
If you only checked #4b, continue filling out the form.**

5. My household size is _____.

→ Include yourself, your spouse or significant other, your children who are under age 18 (or over 18 but still in high school), and other dependents in your home. Dependents are people who rely on you for most of their financial support, and can include parents, children over the age of 18, or extended family members.

My household, other than myself, includes:

| Name | Age | Relationship to you |
|------|-----|---------------------|
| | | |
| | | |

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| Name | Age | Relationship to you |
|------|-----|---------------------|
| | | |
| | | |
| | | |

If you need more space, add another sheet of paper with your name and court file number, if you know it.

6. I receive income from the following sources (check all that apply):

- Job/wages Unemployment Social Security
- Child Support Spousal Support Trust Income
- Other (for example: disability, pension, rental income): _____

- Include income from all the sources you checked above. To calculate monthly income you get from a job:
 - Multiply the number of hours worked per week by your hourly pay to get the weekly amount.
 - Then multiply that by 4.33 to get the monthly amount.
 - In summary: hours per week x hourly pay x 4.33 = monthly income before taxes and deductions).
- If your monthly income changes a lot from month to month, then you should answer the question below based on your *average* monthly income for the last 6 months. To calculate your average income:
 - Add your total monthly income from the last 6 months.
 - Then divide that number by 6
 - In summary: last 6 months of income added together ÷ 6 = average monthly income.

My total **monthly** income (before taxes and deductions) is \$_____

OR

My **average** monthly income (before taxes and deductions) is \$_____

7. I am **not married** (skip to #8).

OR

I am (check all that apply): married separated getting a divorce

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My spouse's total **monthly** income (before taxes and deductions) is \$_____. The source of that income is _____

OR

I do not know my spouse's income because: _____

8. I do not have any other family members or dependents living with me that have income.

OR

I have other family members and/or dependents living with me that have income. Their net (take home) **monthly** income is:

| Name | Monthly Income | Source of Income |
|------|----------------|------------------|
| | \$ | |
| | \$ | |
| | \$ | |

If you need more space, add another sheet of paper with your name and court file number, if you know it.

9. My household's total **yearly** income (before taxes and deductions) is \$_____

This is **less** than 125% of the Federal Poverty Line for my household size of _____

OR

This is **more** than 125% of the Federal Poverty Line for my household size of _____



Find the Federal Poverty Guidelines in the Fee Waiver Instructions (FEE101), which you can find by scanning the QR Code.

I have attached proof of my household income.

→ Examples of proof include most recent tax returns, pay stubs of all household members with income, etc.

If your income is less than 125% of the Federal Poverty Line, skip to the end of this form and sign the last page.

You do not need to fill out the rest of the form.

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10. I pay the following **monthly expenses**:

→ Include amounts you pay for yourself, your spouse or significant other, your minor children, and other dependents in your home; if you do not have the expense, list \$0.

| | | | |
|-------------------|----------|--------------------|----------|
| Rent or mortgage: | \$ _____ | Child support: | \$ _____ |
| Utilities: | \$ _____ | Childcare: | \$ _____ |
| Food: | \$ _____ | Medical insurance: | \$ _____ |
| Car payments: | \$ _____ | Cell phone: | \$ _____ |
| Car insurance: | \$ _____ | Other (explain): | \$ _____ |
| Spousal support: | \$ _____ | | _____ |

11. I am \$ _____ in debt.

→ Do not include any car loan, real estate loan, or mortgage.

12. I have the following money available:

→ List \$0 if you don't have these things.

| | | | |
|-------|----------|--|----------|
| Cash: | \$ _____ | Accounts: | \$ _____ |
| | | (checking, savings, and/or credit union) | |

13. I own the following property (list the equity value of the item, which is what you could sell the item for minus the amount you still owe on the item, if anything):

| | |
|--|----------|
| Vehicle 1 | |
| Year and make: _____ | \$ _____ |
| Vehicle 2 | |
| Year and make: _____ | \$ _____ |
| House I live in now | \$ _____ |
| Other real estate | \$ _____ |
| Other personal property (jewelry, stocks, bonds, etc.; list separately): | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

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14. Other reasons why I cannot afford to pay the court fees (explain unusual medical expenses, emergencies, credit card payments, student loans, reasons that the listed money is not available to you, or other circumstances to help the judicial officer understand your situation):

Four horizontal lines for providing reasons.

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

Date: _____

Signature: _____

Name: _____

County and state where signed: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

What is next?

- Four bullet points with arrows: 1. Put this form together with your pleadings... 2. File these documents with Court Administration... 3. A judicial officer will review your request... 4. If the judicial officer grants a full fee waiver, you will not have to pay any filing fees...

Need help?

- Two bullet points with arrows: 1. Scan the QR code above for instructions... 2. Contact the Statewide Self-Help Center at (651) 435-6535.