

CONFIDENTIAL

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: _____

Plaintiff/Petitioner

VS/AND

Defendant/Respondent

Supplemental Affidavit to Request Fee Waiver (FEE103)

Minn. Stat. § 563.01

1. I am a party in this action and make this request in good faith.

2. Check one of the following:

☐ An order granting a fee waiver request (allowing me to proceed under a full or partial fee waiver) has previously been issued in this case.

OR

☐ I have completed and attached an *Affidavit to Request Fee Waiver* (FEE102).

OR

☐ This is a Conciliation Court case. I have completed an *Affidavit of Inability to Pay* (CCT104), which I am including with this *Supplemental Affidavit to Request Fee Waiver*.

3. I am asking for an order directing the payment of the following costs by the state courts:

a. ☐ Witness/expert witness for: _____

☐ Trial

☐ Deposition

Name and address of witness: _____

I expect this witness to provide the following evidence or testimony (please give a general description):

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I estimate the costs for this witness to be:

Subpoena	\$ _____
Service Fee	\$ _____
Mileage	\$ _____
Attendance Fee	\$ _____
Other (describe):	\$ _____
_____	_____

b. ☐ Transcript expenses:

Date of hearing, trial, or deposition: _____

I need a copy of this transcript for the following reasons:

I estimate the costs of obtaining this transcript to be:

Court reporter fees	\$ _____
Copy fees	\$ _____
Other (describe):	\$ _____
_____	_____

c. ☐ Other expenses:

These expenses are necessary because:

Estimated costs: \$ _____

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: _____