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See Instructions (FEE113) 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

Motion and Affidavit for Fee Waiver in the Court of Appeals (FEE114)

Minn. Stat. § 563.01 & Minn. R. App. P. 109

1. I believe that I have valid reasons for pursuing this Court of Appeals action, and I move for a court order granting me the following relief:

waiving appellate court filing fees and cost bond

payment for transcript preparation costs for the specific hearing dates listed as follows: _____

other (please specify): _____

2. I am a party in this action, and in good faith, I request an order waiving court fees and costs as described above. I am including a copy of my statement of the case or petition being filed in the appellate court, showing the proposed issues on appeal.

3. I am receiving public assistance under one or more of the following means-tested 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

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- Energy or Fuel Assistance
- Other: (specify) _____

4. 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: _____

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

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

6. 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 (FEE113), 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.

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

- Job/wages
- Unemployment
- Social Security

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- 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 \$_____

8. I am **not married** (skip to #9).

OR

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

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: _____

9. 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:

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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.

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 have the following money available:

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

Cash: \$ _____	Accounts: \$ _____ (checking, savings, and/or credit union)
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12. 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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13. I am \$_____ in debt.

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

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):

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

Date: _____

Signature: _____

County and state where signed:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____