

CONFIDENTIAL

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Guardianship/Conservatorship

In Re:

- ☐ Guardianship
- ☐ Conservatorship

of:

-
- ☐ Respondent
 - ☐ Person Subject to Guardianship
 - ☐ Person Subject to Conservatorship

Affidavit to Request Fee Waiver (Guardianship/Conservatorship)
(FEE401)

Minn. Stat. §§ 563.01, 524.5-502

TO THE COURT:

1. I ask the Court for an order granting the following relief:
 - a. Permitting the Petitioner to proceed under a full fee waiver (without prepayment of filing fee, and certified and photocopy fees).
 - b. Directing the District Court Administrator to perform the duties of office without requiring the Petitioner to pay a filing fee, or certified copy and photocopy fees.
 - c. Directing the county of financial responsibility to pay reasonable attorney's fees for the attorney appointed to represent the Respondent.
 - d. Granting such other further relief as may be proper.
2. I have filed the petition to appoint a guardian and/or conservator for the Respondent named above.
3. Accompanying this affidavit, or already on file with the Court, is the petition for appointment of guardian and/or conservator. The petition contains the Respondent's address, and other information, to the best of my knowledge.
4. ☐ The Respondent does not receive public assistance. (If checked, skip to #5.)

OR

- ☐ The Respondent receives public assistance. (Choose "a" or "b.")
 - a. ☐ Respondent receives public assistance under one or more of the following means-tested programs:

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- ☐ 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
- ☐ Other: (specify) _____

- b. ☐ Respondent receives public assistance under some other means-tested program: (Name the program.) _____

I will include proof that Respondent receives public assistance.

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

5. ☐ Respondent is represented by lawyer through a civil legal services program or volunteer attorney program that gives legal services to people with low incomes.

Respondent's lawyer's name is: _____

Respondent's lawyer works or volunteers for: _____

6. Respondent's household size is _____.

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

Respondent's household, other than Respondent, includes:

Name	Age	Relationship to Respondent

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

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

☐ This is **less** than 125% of the Federal Poverty Line for Respondent's household size of _____

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OR

- ☐ This is **more** than 125% of the Federal Poverty Line for Respondent's 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 Respondent's household income.

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

8. Respondent receives income from the following sources (check all that apply):

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Job/wages | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Trust Income |
| <input type="checkbox"/> Other (for example: disability, pension, rental income): _____ | | |

→ Include income from all the sources you checked above. To calculate monthly income Respondent gets from a job:

- Multiply the number of hours worked per week by Respondent's 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 Respondent's monthly income changes a lot from month to month, then you should answer the question below based on Respondent's *average* monthly income for the last 6 months. To calculate Respondent's average income:

- Add Respondent's 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.

Respondent's total **monthly** income (before taxes and deductions) is \$ _____

OR

☐ Respondent's **average** monthly income (before taxes and deductions) is \$ _____

9. Respondent is ☐ **not married** (skip to #10).

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OR

Respondent is (check all that apply): ☐ married ☐ separated ☐ getting a divorce

Respondent's spouse's total **monthly** income (before taxes and deductions) is \$_____.

The source of that income is _____

OR

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

10. ☐ Respondent does not have any other family members or dependents living with Respondent that have income.

OR

- ☐ Respondent has other family members and/or dependents living with Respondent 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.

11. Respondent pays the following **monthly expenses**:

- Include amounts Respondent pays for Respondent, Respondent's spouse or significant other, Respondent's minor children, and other dependents in Respondent's home. If Respondent does 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: \$_____

12. Respondent has the following money available:

- List \$0 if Respondent does not have these things.

Cash: \$_____

Accounts: \$_____

(checking, savings, and/or credit union)

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13. The Respondent owns the following property (list the equity value of the item, which is what you could sell the item for minus the amount Respondent still owes on the item, if anything):

Vehicle 1

Year and make: _____ \$ _____

Vehicle 2

Year and make: _____ \$ _____

House Respondent lives in now \$ _____

Other real estate \$ _____

Other personal property (jewelry, stocks, bonds, etc.; list separately):

_____ \$ _____

_____ \$ _____

_____ \$ _____

14. Respondent is \$ _____ in debt.

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

15. Other reasons why Respondent 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 Respondent, or other circumstances to help the judicial officer understand Respondent's situation): _____

16. I believe that I have good grounds for the relief applied for in the petition for guardianship and/or conservatorship. However, I have been unable to proceed in this matter because the Respondent does not have funds to pay the filing fee, service of process, attorney's fees for the attorney appointed to represent the proposed Respondent, and other court-related 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: _____