

State of Minnesota

District Court

County of: _____	Court File Number: _____
Judicial District: _____	Case Type: _____

In Re the Marriage of:

In Re the Custody of:

Petitioner (first, middle, last)

and

Respondent (first, middle, last)

Guardian ad Litem Fee Waiver Application - Family (FEE502F)

1. Have you been granted a fee waiver in this proceeding?

No

Yes (if you have a current Order waiving fees in this proceeding, you may STOP here and go to the last page to sign and date the application.)

2. Are you, or a dependent who lives with you, receiving any form of public assistance?

No

Yes (Please provide supporting documentation and check all boxes below that apply):

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 government of Medicare part B premiums

Emergency Assistance or county crisis funds

Energy or Fuel Assistance

Other: (specify) _____

If a dependent living with you receives public assistance, how are they related to you?

3. Are you represented by a lawyer through a civil legal services program or volunteer attorney program that gives legal services to people with low incomes?

No

Yes:

Your lawyer's name: _____

Your lawyer works or volunteers for: _____

4. What is your household size? _____.

→ 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.

Who does your household, other than yourself, include?

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.

5. What is your household's total **yearly** income (before taxes and deductions)? \$ _____

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.

You must attach proof of your household income.

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

6. Give details about your income.

What are the sources of your income? 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.

List your total **monthly** income (before taxes and deductions) \$ _____

OR

List your **average** monthly income (before taxes and deductions) \$ _____

7. What is your marital status?

Not married (skip to #8).

OR

Check all that apply: married separated getting a divorce

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

Source of spouse's income:

OR

I do not know my spouse's income because:

8. Do you have any other family members or dependents living with you that have income?

No

OR

Yes. List the other family members and/or dependents living with you that have income. Their net (take home) **monthly** income is:

Name of person	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. List your **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: \$ _____	_____

10. List the money you have available:

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

Cash: \$ _____	Accounts: \$ _____ (checking, savings, and/or credit union)
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11. What property do you own?

List the equity value of the item, which is what you could sell the item for minus the amount you still own on the item, if anything:

CONFIDENTIAL

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):

\$ _____

\$ _____

\$ _____

12. List the amount of debt you have: \$ _____ in debt.
→ Do not include any car loan, real estate loan, or mortgage.

13. List any other reasons why you 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 that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____