

State of Minnesota

District Court

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

Plaintiff/Petitioner (first, middle, last)

vs/and

Defendant/Respondent (first, middle, last)

**Motion and Affidavit for
Proceeding In Forma Pauperis
in the Court of Appeals**

(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 following hearing dates listed as follows

Other (please specify): _____

2. I am a party in this action and in good faith I request an Order to proceed In Forma Pauperis. I have attached 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 and/or MSA (Supplemental Security Income and Minnesota Supplemental Assistance)
- MFIP (Minnesota Family Investment Program);
- Food Stamps;
- General Assistance or Discretionary Work Program;
- MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
- Energy Assistance;
- Other: (*specify*) _____

Note: The court may ask you to provide proof of the type of public assistance you receive.

4. I am represented by attorney _____ on behalf of _____ a civil legal services program or _____ volunteer attorney program, based on indigency.

5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household. For my family size, I counted myself and (list all others):

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Name	Age:	Relationship to you

6. My gross **annual** family income (before taxes and deductions) is _____ which is less than 125% of the Federal Poverty Line for my family size of _____ members. **I have attached proof of my family income.**

7. My gross **monthly** income (before taxes and deductions) is _____
 My net (take home) **monthly** income is _____ and the source of that income is: Job/wages Unemployment Spousal Support Trust Income Social Security Other _____

8. My spouse's gross **monthly** income (before taxes and deductions) is _____
 My spouse's net (take home) **monthly** income is _____ and the source of that income is _____ OR, I do not know my spouse's income because:

_____ .
 OR

I am not married.

9. All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of Income

10. I receive _____ per month in child support (includes medical support and/or child care support).

11. I pay _____ per month in child support (includes medical support and/or child care support).

12. I pay _____ per month in court-ordered spousal support.

13. I pay _____ per month for rent mortgage payment.

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14. I own: Cash _____
 Checking, savings, and credit union accts _____
 Cars, other vehicles (list make, year and equity value ([market value minus unpaid loans]) _____

 Real Estate (market value minus unpaid mortgage/loans)
 Homestead: _____
 Other Real Estate: _____
 Other personal property (jewelry, stocks, bonds, etc. list separately)

15. I am presently _____ in debt, excluding car loans and real estate mortgage/loans.

16. Other factors which support your request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation):

By signing this Affidavit, I am certifying that these statements are true under penalty of perjury. I understand that if I provide false information on the form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or requested records may result in denial of my motion to proceed In Forma Pauperis. I am authorizing that the facts contained in this Affidavit may be verified by any means required.

Dated: _____

 County and State where signed

 Signature
 Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 E-mail address: _____