

**THIS FORM MUST BE COMPLETED IN ENGLISH
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIIRIS**

**State of Minnesota
Gobolka Minnesota**

**Conciliation Court
Maxkamadda Heshiisiinta**

County of: _____ Deegaanka: _____	Court File Number: _____ Lambarka Feylka Maxkamadda: _____
Judicial District: _____ Deegaanka Garsoorka: _____	Case Type: <u>Conciliation</u> Nooca Kiiska: <u>Heshiisiin</u>

Plaintiff/Eedeeye

VS/VS

Defendant/Eedeysane

- Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).
- Calaamadi sanduuqa haddii ay jiraan wax ka badan laba eedeeye ama in ka badan laba eedayane. Magacyada iyo macluumaadka dhinacyada kale ku dhex qor Foomka Eedeeyayaasha Dheeraadka ah (CCT702).

**Affidavit of Inability to Pay Conciliation Court Filing Fee (CCT104)
Markhaatikicidda Inaan la Bixin Karin Lacagta Maxkamadda Heshiisiinta
(CCT104)**

_____, states the following:

_____, waxaan caddeynayaa sida soo socota:

1. I am a natural person and a party in the above-entitled action.
Waxaan anigu ahay qof caadi ah iyo dhinac ku jira dacwada kor ku qoran.
2. I have reviewed the Federal Poverty Guidelines, and I do not have the ability to pay the Conciliation Court filing fee.
Waxaan dib u eegay Tilmaamaha Saboolnimada Federaalka, oo ma lihi awood aan ku bixiyo kharashka xareynta dacwada ee Maxkamadda Heshiisiinta.

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3. I understand that if the Court finds in my favor on my claim or counterclaim, the amount of the fees which I would have had to pay to file this claim or counterclaim must be included in the order for judgment and paid to the administrator of Conciliation Court by me out of any money recovered by me on the judgment.

Waxaan fahamsanahay in haddii ay Maxkamaddu ii ogolaato dacwadeyda ama sheegashada, lacagtuu aan ku bixin lahaa xareynta sheegashada ama dacwada waxaa lagu dari doonaa amarka xukunka oo waa in aan siiyo maamulaha Maxkamadda Heshiisiinta markaan helo xukunka lacagta dacwadeyda.

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 *Affidavit*, it may lead to criminal charges. I am authorizing that the facts contained in this *Affidavit* may be verified by any means required.

Markaan saxiixo *Markhaatikacan*, waxaan caddeynayaa in ay waxa aan qoray yihiin run oo la igu qaadi karo ciqaabta dhaarta beenta ulakaca ah. Waxaan fahamsanahay in haddii aan *Markhaatikacan* ku qoro macluumaad been ah ay igu noqon karaan danbi la isku qabsado. Waxaan raalli ka ahay in ay maxkamaddu sidii ay rabto u soo baaran karto waxyaabaha ku qoran foomkan ah *Markhaatikaca*.

Date/Taariikhda: _____

Signature/Saxiixa: _____

Printed Name/Magca Far Waaweyn: _____

County and state where signed:

Address/Cinwaanka: _____

Deegaanka iyo gobolka saxiixa
lagu sameeyey:

City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Deegaanka (Zip): _____

Email/Boostada Intarntka: _____

Phone/Taleefanka: _____