

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

_____,
Complainant,
vs.
_____,
Respondent.

**AFFIDAVIT FOR PROCEEDING
IN FORMA PAUPERIS**

1. I request an order waiving the \$50 filing fee in this matter because I am financially unable to pay it. I believe that I have valid reasons for pursuing this administrative action.

Check any box 2 through 4 that applies to you.

2. I am receiving public assistance under one or more of the following programs:

SSI and/or MSA (The Supplemental Security Income and Minnesota Supplemental Assistance Programs);
MFIP (Minnesota Family Investment Program);
Food Stamps;
General Assistance or Work Readiness;
Medical Assistance or General Assistance Medical Care;
Social Security Disability;
Energy Assistance;
And/or Other (*specify*):
3. I am represented by an attorney with a civil legal services program or volunteer attorney program, based on indigency.
4. My annual family income before taxes is \$_____ which is less than 125% of the Federal Poverty Line for my family size of _____members.

If you checked any of boxes 2 through 4 above, skip 5 and sign this document in the presence of a notary public.

5. I cannot support my family and myself and also pay filing fees and costs. ***If you check this box, you must complete the following financial statement.***

There are ____ minor child(ren) residing with me.

My net (take home) monthly income is \$_____.

The source of my monthly income is: _____.

I pay \$_____ per month in childcare or support.

I pay \$_____ per month for rent/mortgage payment.

I own the following property:

Cash \$_____

Checking, savings and credit union accts \$_____

Cars, other vehicles - list make, year and equity value (market value minus unpaid loans) for each

_____ \$_____

_____ \$_____

_____ \$_____

Real Estate \$_____

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

_____ \$_____

_____ \$_____

I am presently \$_____ in debt.

Other factors which support this affidavit are (explain unusual medical expenses, emergencies or other circumstances to help the Judge understand your situation):

Signature (Sign only in front of notary public)

Dated: _____

Sworn/affirmed before me this
_____ day of _____, 2004.

Notary Public

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____