

STATE OF MINNESOTA  
OFFICE OF ADMINISTRATIVE HEARINGS

[PARTY],

Complainant,

**AFFIDAVIT FOR PROCEEDING  
IN FORMA PAUPERIS**

vs.

[PARTY],

Respondent.

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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Name:  
Address:  
City/State/Zip:  
Telephone: (    )