

CONFIDENTIAL

See Instructions (FEE101) for help in filling out this form.

State of Minnesota

District Court

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

VS/AND

\_\_\_\_\_  
Defendant/Respondent

**Affidavit to Request Fee Waiver (FEE102)**

Minn. Stat. § 563.01

- 1. I am a party in this action. I am not filing on behalf of a business. In good faith, I ask for a court order waiving court fees and costs. I cannot support my family and myself and also pay or give security for costs.
- 2. I believe that I have good reasons for making this request.

Choose one:

I am including my pleadings with this *Affidavit* (or I have already filed my pleadings but have not yet paid the filing fee).

→ Examples of pleadings include the petition, complaint, answer, motion, etc.

**OR**

I only want to have copy fees waived. I do not have any pleadings to file at this time.

- 3.  I have a lawyer through a civil legal services program or volunteer attorney program that gives legal services to people with low incomes.

My lawyer's name is: \_\_\_\_\_

My lawyer works or volunteers for: \_\_\_\_\_

**If you checked #3, skip to the end of this form and sign the last page.  
You do not need to fill out the rest of the form.**

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4.  I do not receive public assistance. (If checked, skip to #5)

**OR**

I receive public assistance. (Choose “a” or “b”)

a.  I receive public assistance under one or more of the following programs:

- 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 the government of Medicare part B premiums
- Emergency Assistance or county crisis funds;
- Energy or Fuel Assistance

**OR**

b.  I receive public assistance through a different program based on my income: (list the program) \_\_\_\_\_

**I will include proof that I receive public assistance listed in 4a and 4b.**

→ Examples of proof include a copy of EBT card, statement of benefits, benefits award letter, cancelled check from an agency, etc.

**If you checked a box in #4a, skip to the end of this form and sign the last page. You do not need to fill out the rest of the form.**  
**If you only checked #4b, continue filling out the form.**

5. My household size is \_\_\_\_\_.

→ 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.

My household, other than myself, includes:

Name	Age	Relationship to you

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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.*

6. I receive income from the following sources (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.

My total **monthly** income (before taxes and deductions) is \$ \_\_\_\_\_

**OR**

My **average** monthly income (before taxes and deductions) is \$ \_\_\_\_\_

7. I am  **not married** (skip to #8).

**OR**

I am (check all that apply):     married             separated             getting a divorce

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

The source of that income is \_\_\_\_\_  
\_\_\_\_\_.

OR

I do not know my spouse's income because: \_\_\_\_\_  
\_\_\_\_\_.

8.  I do not have any other family members or dependents living with me that have income.

OR

I have other family members and/or dependents living with me that have income. Their net (take home) **monthly** income is:

Name	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. My household's total **yearly** income (before taxes and deductions) is \$\_\_\_\_\_.

This is **less** than 125% of the Federal Poverty Live 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.

**I have attached proof of my household income.**

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

**If your income is less than 125% of the Federal Poverty Line, skip to the end of this form and sign the last page.  
You do not need to fill out the rest of the form.**

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10. I pay the following **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:	\$ _____		_____

11. I am \$ \_\_\_\_\_ in debt.

→ Do not include any car loan, real estate loan, or mortgage.

12. I have the following money available:

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

Cash: \$ _____	Accounts: \$ _____ (checking, savings, and/or credit union)
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13. I own the following property (list the equity value of the item, which is what you could sell the item for minus the amount you still owe on the item, if anything):

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):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

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14. Other reasons why I 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 I have stated in this document is true and correct.
Minn. Stat. § 358.116

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

County and state where signed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is next?

- > Put this form together with your pleadings (petition, complaint, motion, answer, etc.) and proof of public assistance or proof of your financial need.
-> File these documents with Court Administration by mail, in person or electronic filing (eFiling).
-> A judicial officer will review your request. They will grant or deny your request.
-> If the judicial officer grants a full fee waiver, you will not have to pay any filing fees, service, and publication fees, or copy fees for the case in which your fee waiver was granted. If they grant you a partial waiver, you will have to pay part of the fees and costs.

Need help?

- > Scan the QR code above for instructions on how to fill out this form.
-> Contact the Statewide Self-Help Center at (651) 435-6535.