Sta	ate of Minnesota		District Court		
Со	ounty of:	C			
Ju	dicial District:	C			
Pla	nintiff/Petitioner				
VS,	/AND				
De	fendant/Respondent				
	Inmate ⁶	s Affidavit to Request Minn. Stat. §§ 563.02			
1.	I am a party in this action. I am not represented by counsel. I have been convicted of a felony, and I am committed to the custody of the Commissioner of Corrections. I am either confined in a state correctional facility, or I have been released from a state correctional facility under Minn. Stat. §§ 244.065 or 244.07.				
In good faith, I ask for a court order waiving co		court order waiving court fee	s and costs.		
2.	I believe that I have good	d reasons for making this requ	uest.		
	I am including my plead	ings with this Affidavit.			
→ Examples of pleadings include the petition, complaint, answer,		mplaint, answer, motion, appeal, etc.			
		provide the Court with a copy	, known as the plaintiff, Minnesota law of the <i>Complaint</i> before serving the <i>Complaint</i>		
	The following inf	ormation is required. Yo	ou must complete each section.		
3.	I have the following depe	endents:			
			are people who rely on you for most of their		
	financial support, and can include parents, children, or extended family members.				
4.	Income.				
	I receive income from	the following sources (chec	k 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 <i>average</i> 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 <i>average</i> monthly income (before taxes and deductions) is \$
Marital Status.
I am □ not married (skip to #6).
OR
I am (check all that apply): \square married \square separated \square getting a divorce
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:

5.

6. Monthly Expenses.

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	: \$ <u> </u>	
	Car payments:	\$	Cell phone:	\$	
	Car insurance:	\$	Other (explain):	\$	
	Spousal support:	\$			
7.	Debt.				
	I am \$	in debt.			
	→ Do not include any ca	loan, real estate l	loan, or mortgage.		
8.	Cash and Accounts.				
	I have the following money available:				
	→ List \$0 if you don't have these things.				
	Cash:	\$		\$gs, and/or credit union)	
9.	Other Assets.				
	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):				

	<u> </u>
	\$
	\$
е	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):
- -	
L1. I	Minnesota Department of Corrections.
	→ According to Minn. Stat. § 563.02, subd. 2(1), an inmate must exhaust the inmate complaint procedure developed by the Commissioner of Corrections before starting a civil action against the Department of Corrections.
	☐ I am not asking for a fee waiver in order to start a civil action against the Department of Corrections.
	OR
	☐ I have exhausted the inmate complaint procedure developed by the Commissioner of Corrections before starting this action against the Department of Corrections.
L2. T	The Underlying Claim.
	→ According to Minn. Stat. § 563.02, subd. 2(2), an inmate's request for a fee waiver must include a statement that the inmate's claim is not substantially similar to a previous claim brought by the inmate against the same party, arising from the same facts, and in which the case was adjudicated on the merits.
	My claim is not substantially similar to a previous claim brought against the same party, arising from the same facts, and which resulted in an adjudication on the merits.
L3. I	nmate's Identity.
N	My full name is:

Fir	First:				
Mi	Middle:				
Las	Last:				
Sut	Suffix (for example, Jr. or III): or ☐ None				
	I have been known by the following other names:				
OR	OR				
☐ This	$\hfill\Box$ This is the only name I have been known by. There are no other names.				
14. Inmate	Inmate Account and Authorization.				
my	☐ I have attached a copy of my most recent monthly statement showing the balance in my inmate account. I authorize the Court to obtain at any time during the pendency of this action a current statement of the balance of my inmate account.				
	plaintiff in a civil a the balance in the inmate account is	who has funds in an inmate account may only proceed as a ction by paying either the applicable court filing fee or 50% of inmate account, whichever is less. If 50% of balance of the used to commence the civil action, the Commissioner of ntinue to draw money out of the inmate account until the full.			
OR					
□ld	\square I do not have an inmate account.				
	nder penalty of perjury th . § 358.116	at everything I have stated in this document is true and correct.			
Date:		Signature:			
		Name:			
County and	state where signed:	Address:			
-		City/State/Zip:			
		Phone:			
		Email:			