|  |  |
| --- | --- |
| STATE OF MINNESOTACOUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ JUDICIAL DISTRICTHOUSING COURT DIVISION |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plaintiff, v. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant | **AFFIDAVIT FOR PROCEEDING IN FORMA PAUPERIS****CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. I am a party in this action. I am a natural person (not a corporation, partnership or other entity). In good faith, I request 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 valid reasons for pursuing this action.

3. I am represented by \_\_\_\_\_\_\_\_\_\_, on behalf of Volunteer Lawyers Network, a volunteer attorney program, based on indigency.

**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 form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or requested records may result in denial of my motion to proceed In Forma Pauperis. I am authorizing that the facts contained in this Affidavit may be verified by any means required.**

Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County and State where signed Address
 Email address

 Phone #