

State of Minnesota

District Court

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| County |
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|--------------------|---------|
| Judicial District: | _____ |
| Court File Number: | _____ |
| Case Type: | General |

**Supplemental Affidavit
for Proceeding
In Forma Pauperis
(Minn. Stat. § 563.01)**

Petitioner

VS.

Respondent

STATE OF MINNESOTA)
) SS
 COUNTY OF)
 (County where *Affidavit* signed)

1. I am a party in this action and make this request in good faith.

2. (Check one of the following:)

An order allowing me to proceed *in forma pauperis* without paying filing fees, service and publication fees, and copy fees has previously been issued in this case.

Or

I have completed and attached an “Affidavit for Proceeding *In Forma Pauperis*.”

3. I am asking for an order directing the payment of the following costs by the proper governing body:

Witness/expert witness for:

Trial

Deposition

Name and address of witness:

I expect this witness to provide the following evidence or testimony (please give a general description):

I estimate the costs for this witness to be:

| | |
|----------------|----|
| Subpoena | \$ |
| Service Fee | \$ |
| Mileage | \$ |
| Attendance Fee | \$ |
| Other | \$ |

b.

Transcript expenses:

Date of hearing, trial or deposition:

I need a copy of this transcript for the following reasons:

I estimate the costs of obtaining this transcript to be:

| | |
|---------------------|----|
| Court reporter fees | \$ |
| Copy fees | \$ |
| Other; | \$ |

c.

Other expenses:

These expenses are necessary because:

Estimated costs: \$

Dated:

Sworn/affirmed before me this
day of

Notary Public \ Deputy Court Administrator

Signature (*Sign only in front of notary public or court administrator.*)

Name:

Address:

City/State/Zip:

Telephone: ()