

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: General

Petitioner

VS.

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

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 state courts:
 - a. 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: _____

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

Name: _____

Subscribed and sworn to before me this
_____ day of _____, _____.

Address: _____

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: _____