

FILED

September 23, 2021
District Court

State of Minnesota

County of: Hennepin	Judicial District: Fourth
	Court File Number: 27-CR-20-12646
	Case Type: Criminal

OFFICE OF
APPELLATE COURTS

State of Minnesota
Plaintiff/Petitioner (first, middle, last)

vs/and

Derek Michael Chauvin
Defendant/Respondent (first, middle, last)

**Motion and Affidavit for
Proceeding In Forma Pauperis
in the Court of Appeals**

(Minn. Stat §563.01 & Minn. R. App. P. 109)

1. I believe that I have valid reasons for pursuing this Court of Appeals action and I move for a court order granting me the following relief.

- waiving appellate court filing fees and cost bond
- payment for transcript preparation costs for the following hearing dates listed as follows

Other (please specify): _____

2. I am a party in this action and in good faith I request an Order to proceed In Forma Pauperis. I have attached a copy of my statement of the case or petition being filed in the appellate court, showing the proposed issues on appeal.

3. I am receiving public assistance under one or more of the following **means-tested** programs.

- SSI and/or MSA (Supplemental Security Income and Minnesota Supplemental Assistance)
- MFIP (Minnesota Family Investment Program);
- Food Stamps;
- General Assistance or Discretionary Work Program;
- MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
- Energy Assistance;
- Other: (specify) _____

Note: The court may ask you to provide proof of the type of public assistance you receive.

4. I am represented by attorney _____ on behalf of _____ a civil legal services program or volunteer attorney program, based on indigency.

5. My family size is 1 . (Include yourself, your spouse, your minor children, and other dependents in your household. For my family size, I counted myself and (list all others):

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Name	Age:	Relationship to you

6. My gross **annual** family income (before taxes and deductions) is 0 which is less than 125% of the Federal Poverty Line for my family size of 1 members. **I have attached proof of my family income.**

7. My gross **monthly** income (before taxes and deductions) is _____
 My net (take home) **monthly** income is _____ and the source of that income is: Job/wages Unemployment Spousal Support Trust Income Social Security Other _____

8. My spouse's gross **monthly** income (before taxes and deductions) is _____
 My spouse's net (take home) **monthly** income is _____ and the source of that income is _____ OR, I do not know my spouse's income because:

_____ .
 OR

I am not married.

9. All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of Income

10. I receive \$0 per month in child support (includes medical support and/or child care support).

11. I pay \$0 per month in child support (includes medical support and/or child care support).

12. I pay \$0 per month in court-ordered spousal support.

13. I pay \$0 per month for rent mortgage payment.

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14. I own:

Cash	\$0
Checking, savings, and credit union accts	\$0
Cars, other vehicles (list make, year and equity value ([market value minus unpaid loans])	

Real Estate (market value minus unpaid mortgage/loans)	
Homestead:	\$0
Other Real Estate:	\$0
Other personal property (jewelry, stocks, bonds, etc. list separately)	


15. I am presently \$142,000 ~~\$400,000~~ in debt, excluding car loans and real estate mortgage/loans.

16. Other factors which support your request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation):

I am currently incarcerated at Minnesota Correctional Facility, Oak Park Heights. I do not have a sufficient source of income, besides nominal prison wages, which are being used to pay off fees from the above captioned case. My only assets are two retirement accounts. If I take funds from said accounts, I will be significantly penalized, and the remainder will likely be taken to pay off debts. I also owe the IRS about \$60,000 and the State about \$37,000.

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.

Dated: 20 SEP 2021


Signature

Washington
County and State where signed

Name: Derek Michael Chauvin, MND0C #261557

Address: 5329 Osgood Avenue North

City/State/Zip: Stillwater, MN 55082

Telephone: _____

E-mail address: _____