

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Dennis D. Linehan am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Self employment	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Gifts	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Alimony	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Child Support	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Unemployment payments	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Public-assistance (such as welfare)	\$ <u>95.00</u>	\$ <u>n/a</u>	\$ <u>95.00</u>	\$ <u>n/a</u>
Other (specify)	\$ <u>0</u>	\$ <u>n/a</u>	\$ <u>0</u>	\$ <u>n/a</u>
Total monthly income:	\$ <u>95.00</u>	\$ <u>n/a</u>	\$ <u>95.00</u>	\$ <u>n/a</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of	Gross monthly pay
none			\$ 0
none			
none			

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
none			\$ 0
none			
none			

4. How much cash do you and your spouse have? \$ 145.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Wells Fargo Bank	checking	\$400.00	deceased

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value none

Other real estate
Value none

Motor Vehicle #1
Year, make & Model none
Value 0

Motor Vehicle #2
Year, make & model none
Value 0

Other assets
Description none
Value 0

6. State every person, business, or organization owing you or your spouse money, and the Amount owed.

Person owing you or Your spouse money	Amount owed to you	Amount owed to your spouse
<u>none</u>	\$ <u> </u>	\$ <u> </u>
<u>none</u>	\$ <u> </u>	\$ <u> </u>
<u>none</u>	\$ <u> </u>	\$ <u> </u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>none</u>	<u> </u>	<u> </u>
<u>none</u>	<u> </u>	<u> </u>
<u>none</u>	<u> </u>	<u> </u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent of home-mortgage payment (include lot rented for mobile home)	\$ <u> 0 </u>	\$ <u> n/a </u>
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u> 0 </u>	\$ <u> n/a </u>
Home maintenance (repairs and upkeep)	\$ <u> 0 </u>	\$ <u> n/a </u>
Food	\$ <u> 20.00 </u>	\$ <u> n/a </u>
Clothing	\$ <u> 35.00 </u>	\$ <u> n/a </u>
Laundry and dry-cleaning	\$ <u> 10.00 </u>	\$ <u> n/a </u>
Medical and dental expenses	\$ <u> 30.00 </u>	\$ <u> n/a </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>none</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>none</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>none</u>	\$ <u>n/a</u>
Life	\$ <u>none</u>	\$ <u>n/a</u>
Health	\$ <u>none</u>	\$ <u>n/a</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>n/a</u>
Other: _____	\$ <u>none</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify: _____)	\$ <u>none</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>none</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>none</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>none</u>	\$ <u>n/a</u>
Other: _____	\$ <u>none</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>none</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>none</u>	\$ <u>n/a</u>
Total monthly expenses:	\$ <u>95.00</u>	\$ <u>n/a</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No if yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid - or will you be paying - anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have been confined, following a prison term, per Minnesota's Sexually D act (§ 253B) since 1994. The Minnesota Sex Offender Program (MSOP), under Minnesota's Department of Human Services (DHS), denies me the right to self-employ and all means of caring for my finances.

Name, Address, Zip Code, Telephone Number, And Registration License Number Of Attorney(S) For:

Petitioner

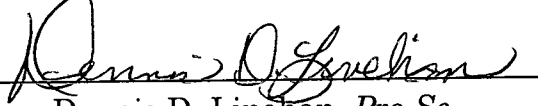
Dennis D. Linehan, *Pro Se*
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Moose Lake, MN 55767
(218)485-5300 (Facility Voice)

Respondent

Matthew Frank, Esq.
Minn. Assistant Attorney General
445 Minnesota Street Suite 1800
St. Paul, MN 55101-2134

Pursuant to 28 U.S.C. 1746, I, Dennis D. Linehan, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and ability.

Executed on April 10, 2018


Dennis D. Linehan, *Pro Se*
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Moose Lake, MN 55767