



Pokagon Band of Potawatomi Indians Court of Appeals

58620 Sink Road, P.O. Box 355
Dowagiac, MI 49047
Phone (269) 783-0505
Fax (269) 783-0519

| | | |
|--|-----------|---|
| CASE NO. | | |
| Petitioner name, address, telephone: | v. | Respondent name, address, telephone: |
| AFFIDAVIT REQUESTING ORDER FOR WAIVER OF FILING FEE | | |

NOTE: YOU MUST PROVIDE SUPPORTING DOCUMENTATION

1. I am the Petitioner Respondent in the above captioned matter.
2. I respectfully request the Court grant a waiver of the filing fee based upon the following information:
3. Number of people who live where I live including **ALL** income earners and legal dependents: _____.

A. List **ALL** in the household and indicate whether they are income earners and/or legal dependents:

| Name | Age | Relationship | Income Earner (Y/N) | Legal Dependent (Y/N) |
|------|-----|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. List all legal dependents who do not reside with you:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

4. INCOME. Please provide the Court with the following information and **list all sources of your personal and household income:**

A. Personal Income

MONTHLY TOTALS

1) Employer Name: _____
 Employer Address: _____

| | | |
|----------------------|--|--|
| Length of Employment | Average Gross Pay <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly | Average Net Pay <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | \$ _____ | \$ _____ |

Average Net Pay Per Month: \$ _____

2) Employer Name: _____
 Employer Address: _____

| | | |
|----------------------|--|--|
| Length of Employment | Average Gross Pay <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly | Average Net Pay <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | \$ _____ | \$ _____ |

Average Net Pay Per Month: \$ _____

3) List **ALL** other **personal** income (e.g., per capita payments, elders stipend, etc.)

_____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$

Total for Other Personal Income per Month: \$ _____

B. Household Income. List **ALL** other **household** income (e.g., income earners, per capita payments, elders stipend, etc.)

_____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$

Total for Other Household Income per Month: \$ _____

NET MONTHLY TOTAL: \$ _____

5. PUBLIC ASSISTANCE. Please list all sources of public assistance:

- A. _____
- B. _____
- C. _____

6. **ASSETS:** State below the value of your car, home, bank deposits, bonds, stocks, etc. Please also list any outstanding debt against the asset:

| Asset | Value | Outstanding Debt/Mortgage Against the Asset | Asset | Value | Outstanding Debt/Mortgage Against the Asset |
|---------------|-------|---|--------------|-------|---|
| Home | | | Stocks/Bonds | | |
| Car(s) | | | Other: | | |
| Bank Accounts | | | Other: | | |

7. **LIABILITIES AND MONTHLY OBLIGATIONS.**

A. Itemize **in detail** your monthly obligations (e.g., mortgage payments, rent, utilities, food, installment payments, credit card payments, etc.)

| Monthly Obligation | Obligation Amount |
|-------------------------------------|-------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Monthly Obligations: \$ _____ | |

B. List **ALL** child support orders:

| Court Name | Case Number | Obligation |
|---------------------------------------|-------------|------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Monthly Child Support: \$ _____ | | |

C. List **ALL** other garnishments:

| Court Name | Case Number | Obligation |
|--------------------------------------|-------------|------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Monthly Garnishments: \$ _____ | | |

TOTAL MONTHLY LIABILITIES AND OBLIGATIONS: \$ _____

8. DOCUMENTATION TO SUPPORT REQUEST.

I have attached the following documentation to support my objection:

I swear or affirm that the information provided above is true and complete to the best of my information, knowledge and belief.

Date

Affiant's Signature