



Pokégnek Bodéwadmik · Pokagon Band of Potawatomi

Ethics Board Affidavit of Indigence and Request for Order for Waiver of Filing Fee

Use of this Affidavit of Indigence is required if you are seeking a waiver or reduction of the filing fee for the filing of a complaint with the Ethics Board. The Board will not issue an order reducing or waiving the filing fee unless this Affidavit is completed and you meet the Standards for Indigence adopted by the Board.

Confidentiality. Under the Board’s Standards for Indigence, the information you provide on the Affidavit will remain confidential.

Where to File. This Affidavit of Indigence form must be filed by U.S. Mail with the Ethics Board Office c/o Mark Herman, Magyar Law Office PC, 107 Pennsylvania Ave., Dowagiac, MI 49047. Please note that at this time, the Ethics Board does not have a physical office and Mark Herman, Magyar Law Office PC serves in the role of legal advisor for the Ethics Board and accepts material to be filed with the Ethics Board. Mark Herman, Magyar Law Office PC can only receive your material, it cannot offer any advice about the Ethics Code, provide any forms, review your filing, etc.

Questions. If you have any questions about the Ethics Code or need any forms from the Ethics Board, please contact the Ethics Board at ethics.board@pokagonband-nsn.gov or (269) 462-4286.

I. IDENTITY OF AFFIANT.

First Name, Middle Initial, Last Name

Telephone

Address

I am: a Pokagon Band Citizen Public Official Public Employee

I, the Affiant, am the Complainant in the matter identified on the attached Complaint Form.

II. REQUEST BY THOSE RECEIVING PUBLIC ASSISTANCE.

Complete this Section II if you are receiving Public Assistance. I respectfully petition the Ethics Board for a waiver or reduction of the filing fee based upon indigence because I am primarily supported by public assistance. (Please list all sources of public assistance):

III. REQUEST BY THOSE NOT RECEIVING PUBLIC ASSISTANCE. If you are not receiving public assistance, please complete this Section III.

1. Please identify your employer(s) and list all sources of income.

Employer Name and Address

_____ per week month bi-weekly
 Length of Employment Average Gross Pay Average Net Pay

Other Income, including per capita payments, Elder's Stipend, etc.:

Total Monthly Income \$ _____

2. ASSETS: Please provide the value of car, home, bank deposits, bonds, stocks, etc.:

Value	Outstanding Debt Against the Asset
Home:	
Cars:	
Bank deposits:	
Stocks:	
Bonds:	

Other:	
Other:	

IV. HOUSEHOLD. This Section must be completed by all Affiants.

1. Please list the number of people who live with you, including all income earners and legal dependents: _____.
2. Please identify all within the household:

Name	Indicate if the person is an income earner or dependent
_____	_____
_____	_____
_____	_____
_____	_____

Please identify the weekly or monthly income of each of the income earners above.

V. DECLARATION. This Section must be completed by all Affiants. I swear that the information provided above is true to the best of my information, knowledge and belief.

Date

Affiant's Signature

The above-named party personally appeared before me and signed this Affidavit certifying the information contained herein is true. Notarized acknowledgment required.

ACKNOWLEDGEMENT

THE STATE OF _____

COUNTY OF _____

_____, in said County and State, personally appeared before me on this date and subscribed and sworn to me the forgoing Affidavit of Indigence and Request for Order for Waiver of Filing Fee, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this day of _____, 201__.

Signature: _____

Please print name: _____

Commissioned in: _____ County, _____

Acting in _____ County, _____

My Commission expires on _____