



# Pokagon Band of Potawatomi Indians Tribal Court

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Dowagiac, MI 49047  
Phone (269) 783-0505  
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<b>CASE NO.</b>		
Petitioner name, address, telephone:	v.	Respondent name, address, telephone:

**AFFIDAVIT OF INDIGENCE AND REQUEST FOR ORDER FOR WAIVER OF FILING FEE**

1. I am the Petitioner in the above captioned matter.
2. I respectfully petition the Court for a waiver of the filing fee based upon indigence because:
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.**

**1. Personal Income**

MONTHLY TOTALS

a. Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

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

Average Net Pay Per Month: \$ \_\_\_\_\_

b. Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

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

Average Net Pay Per Month: \$ \_\_\_\_\_

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

\_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$

Total for Other Personal Income per Month: \$ \_\_\_\_\_

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

\_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 \_\_\_\_\_ \$

Total for Other Household Income per Month: \$ \_\_\_\_\_

**NET MONTHLY TOTAL:** \$ \_\_\_\_\_

5. **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 deposits			Other:		

6. **LIABILITIES AND MONTHLY OBLIGATIONS.**

1. 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: \$ _____	

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

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

3. List **ALL** other garnishments:

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

**TOTAL MONTHLY LIABILITIES AND OBLIGATIONS: \$ \_\_\_\_\_**

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 if *Affidavit* is mailed to the Court)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court Staff

**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 \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

\_\_\_\_\_ County, \_\_\_\_\_  
State

Acting in \_\_\_\_\_ County, \_\_\_\_\_  
State

My Commission expires on \_\_\_\_\_