



Pokagon Band of Potawatomi Indians Tribal Court

58620 Sink Road, P.O. Box 355
Dowagiac, MI 49047
Phone (269) 783-0505
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| | | |
|---|-----------|---|
| CASE NO. | | |
| Petitioner name, address, telephone: | v. | Respondent name, address, telephone: |

**AFFIDAVIT OF PRIMARY SUPPORT BY PUBLIC ASSISTANCE AND
REQUEST FOR ORDER FOR WAIVER OF FILING FEE**

1. I am the Petitioner Respondent in the above captioned matter.

2. I respectfully request a waiver of the filing fee because I am primarily supported by public assistance which I have listed below along with any other sources of income or support:
 - a. Please list all sources of public assistance:
 - 1) _____
 - 2) _____
 - 3) _____

 - b. Please list all other sources of income or support:
 - 1) _____
 - 2) _____
 - 3) _____

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 |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

6. **MONTHLY OBLIGATIONS.** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

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: \$ _____

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 Primary Support by Public Assistance 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

My Commission expires on _____