



Pokagon Band of Potawatomi Indians Tribal Court

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

CASE NO.

Petitioner name, address, telephone:

Respondent name, address, telephone:

v.

**OBJECTION TO THE WITHHOLDING AND REDIRECTION
OF ALL PER CAPITA PAYMENTS FOR DELINQUENT CHILD SUPPORT
AND
DOCUMENTATION TO SUPPORT OBJECTION**

A. OBJECTION GROUNDS.

1. I am the Respondent in this matter.
2. I object to the withholding and redirection of my per capita payments as shown below and request a hearing. **(Mark the appropriate box and provide an explanation.)**

a. The foreign court lacked personal or subject matter jurisdiction.

b. The foreign order was obtained by fraud, duress or coercion.

c. I do not owe a DELINQUENT child support obligation.

d. Applying all of my per capita payments would create an **EXTRAORDINARY UNDUE HARDSHIP** to my health or general welfare for the following reasons:

B. FAMILY SIZE AND INFORMATION.

1. Number of people who live in the household: _____.

a. List **ALL** in the household and state whether each is a recipient of any kind of income or is legal dependent:

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

b. List **ANY and ALL** other legal dependents **NOT** in your household:

Name	Age	Relationship

C. INCOME. Please provide the Court with the following information and **list all sources of your personal** and any other **household income**.

1. Personal Income.

a. I am not employed because (**attach any supporting documentation**):

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 **ANY** and **ALL** other **personal** income (e.g., per capita distribution, elders stipend, public assistance, other employment income, etc.)

_____ \$

_____ \$

_____ \$

_____ \$

Total for Other Personal Income per Month: \$ _____

2. Household Income.

List **ANY** and **ALL** other **household** income.

_____ \$

_____ \$

_____ \$

_____ \$

Total for Other Household Income per Month: \$ _____

NET MONTHLY TOTAL: \$ _____

D. ASSETS.

Please 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:		

E. LIABILITIES AND MONTHLY OBLIGATIONS.

1. The amount of my monthly obligations is the following. (Itemize **in detail** monthly 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 Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Monthly Child Support:		\$ _____

3. List **ALL** garnishments:

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

TOTAL MONTHLY LIABILITIES AND OBLIGATIONS: \$ _____

F. DOCUMENTATION TO SUPPORT OBJECTION.

I have attached the following documentation to support my objection:

G. BEST DAYS AND TIMES FOR YOU TO ATTEND A HEARING. The Court will try to accommodate your schedule. The Court cannot guarantee that a hearing can be set on the days and times you indicate due to its busy schedule.

Days and times I am available: _____

Telephone Contact Number: _____

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

Date

Respondent's Signature