



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:	v.	Respondent name, address, telephone:
AFFIDAVIT OF INDIGENCE AND REQUEST FOR 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 fees 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	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: \$ _____

2) 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: \$ _____

3) List **ALL** other **personal** income (e.g., per capita payments, Elders Support Benefit Program Payments, etc.)

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

Total for Other Personal Income per Month: \$ _____

B. Household Income. List **ALL** other **household** income (e.g., income earners, per capita payments, Elders Support Benefit Program Payments, 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 Accounts			Other:		

6. **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: \$ _____

7. DOCUMENTATION TO SUPPORT REQUEST.

I have attached the following documentation to support my request:

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

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
(Name)

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 _____