



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 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: (e.g., per capita payments, Elders Support Benefit Program Payments, etc.)
- 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

4. **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
	\$ _____
	\$ _____
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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
(Name)

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

Acting in _____ County, _____
State

My Commission expires on _____