

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT	FINANCIAL AFFIDAVIT FOR WAIVER OF COURT FEE	CASE NO.
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2221 1 ½ Mile Road Fulton, MI 49052

Phone: (269) 729-5151; FAX (269) 729-4826

Petitioner (Name, Address, Phone)	v.	Respondent (Name, Address, Phone)
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AFFIDAVIT FOR COURT FEE WAIVER

1. I do not receive public assistance I do receive public assistance
I receive: \$ _____ weekly every 2 weeks monthly
Case No. _____

2. I am not employed I am employed
Name of Employer: _____
I earn (gross pay) \$ _____ weekly every 2 weeks monthly
My take-home pay (after taxes and deductions) is \$ _____ per pay period

3. I receive gross monthly income totaling the amount of \$ _____ from:
 Pension Social Security Unemployment compensation
 Disability Student loans/grants
 Other: _____

4. I have the following cash assets:
 Savings accounts: \$ _____ Cash: \$ _____
 Checking Accounts: \$ _____ Other: \$ _____

5. I have the following other assets:
 Per Capita: \$ _____ (Amount Per: Month Bi-Annual Annual)
Tribe: _____ Member No. _____
 Vehicle: \$ _____ (Value) Vehicle: \$ _____ (Value)
 Other assets valued over \$200 each: _____

6. I rent my home I own my home
7. I am not married I am married
 My spouse is not employed My spouse is employed
My spouse earns (gross pay) \$ _____ weekly every 2 weeks monthly
8. There are ____ number of people living in my household (including myself) with a gross monthly income totaling: \$ _____
9. I have the following debts:
- | Amount | | Monthly Payment |
|------------------|----------|-----------------|
| a. Mortgage/Rent | \$ _____ | \$ _____ |
| b. Car loan | \$ _____ | \$ _____ |
| c. Credit cards | \$ _____ | \$ _____ |
| d. Other | \$ _____ | \$ _____ |
| e. Other | \$ _____ | \$ _____ |

Under oath, I state that because of a low income, I am unable to pay any filing fees. I affirm that the information provided in this Affidavit is true to the best of my knowledge and belief. I understand that if my financial situation changes, I must notify the Court immediately. I understand that I will be required to pay the filing and other fees if the Court later determines that I was able to pay at the time the Petition was filed. I understand that the Court may garnish any per capita payments if I fail to pay any fees ordered by the Court.

Signature of Petitioner _____ (Date)

Print or Type Name

State of: _____ County of: _____

Subscribed and sworn before me on:

Notary Public/Court Official _____ (Date)

Print or Type Name _____ (Date)
My Commission/Term Expires