

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT	AFFIDAVIT OF INDIGENCE & REQUEST FOR WAIVER OF FEES IN CIVIL MATTER	CASE NO.
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Court Address: 2221 1 1/2 Mile Road, Fulton, MI 49052 Court Telephone No. (269) 704-8404 Court Fax No. (269) 729-4826

PLAINTIFF/PETITIONER (Name, Address, Telephone):

DEFENDANT/RESPONDENT (Name, Address, Telephone):

v.

1. Employment:
 I am not employed
 I am employed Name of Employer: _____
I receive: \$ _____ (gross pay) weekly every two weeks monthly
My take-home pay (after taxes & deductions) is \$ _____ per pay period.

2. Public Assistance
 I do not receive public assistance
 I do receive public assistance Public Assistance Case No. _____
I receive: \$ _____ (gross amount) weekly every two weeks monthly

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 Quarter Bi-Annual Annual)
Tribe: _____ Citizen No. _____
 Vehicle: \$ _____ (Value) Vehicle: \$ _____ (Value)
 Other assets valued over \$200 each: _____

6. Housing: I rent my home I own my home

7. Relationship Status:
 I am not married
 I am married My spouse earns (gross pay) \$ _____
 weekly every two 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	\$ _____	\$ _____

10. I am the: Plaintiff/Petitioner Defendant/Respondent Other: _____
in the following matter pending in the Tribal Court:

Tribal Court Case No. _____

Name of Case: _____

Presiding Judge: _____

11. I request that all fees in the above referenced matter be waived.

Under oath, I state that because of a low income, I am unable to pay the fees in the above-referenced case. I affirm that the information provided in this Affidavit is true to the best of my knowledge, information and belief. I understand that if my financial situation changes, I must notify the Court immediately. I understand that I may be required to compensate the Court in part or whole for the fees waived. I understand that the Court may garnish any per capita payments if I fail to pay fees ordered by the Court.

Date (mm/dd/yyyy)

Signature of Person Requesting Waiver

Print or Type Name