

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT	AFFIDAVIT OF INDIGENCE & REQUEST FOR COURT-APPOINTED ATTORNEY	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):
People of the Nottawaseppi Huron Band of the Potawatomi

v.

DEFENDANT/RESPONDENT (Name, Address, Telephone):

- 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 retain an attorney to represent me 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 services provided by a Court appointed attorney. 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 Defendant

Print or Type Name