

IN THE TRIBAL COURT FOR THE GRAND TRAVERSE BAND OF OTTAWA & CHIPPEWA INDIANS	APPLICATION & ORDER FOR WAIVER OR SUSPENSION OF FEES AND COURT COSTS	CASE NO.
---	---	-----------------

Court Address: 2605 N. West Bay Shore Drive Suttons Bay MI 49682 Court Email: tribalcourt@gtbindians.com Court Phone: (231) 534-7050

Plaintiff/Petitioner name, address, phone	v.	Defendant/Respondent name, address, phone
---	----	---

In the matter of: _____

AFFIDAVIT/APPLICATION FOR WAIVER OR SUSPENSION OF FEES AND COURT COSTS
I am hereby seeking to file the attached pleading(s) with the Tribal Court

1. My name is: _____
2. I request that the Tribal Court waive or suspend the fees and costs in this action for the following reasons (at least one box **MUST** be checked):
 - I am currently receiving public assistance in the amount of \$ _____ per _____ for _____
 - I am unable to pay those the fee and cost because of indigence based upon the following facts:

PERSONAL & EMPLOYMENT INFORMATION
(Must be completed fully)

Name (YOU): _____ Date of Birth: _____ SSN (last 4): _____ Employer's Name: _____ Length of Employment: _____ Employer's Address: _____ Gross Pay (ATTACH PAYCHECK STUB):\$ _____ Take Home Pay (after deductions):\$ _____ Per _____	Name (SPOUSE): _____ Date of Birth: _____ SSN (last 4): _____ Employer's Name: _____ Length of Employment: _____ Employer's Address: _____ Gross Pay (ATTACH PAYCHECK STUB):\$ _____ Take Home Pay (after deductions):\$ _____ Per _____
Home (CURRENT) address: _____ _____ Telephone Number(s): _____ Marital Status (Single/Married/Separated/Divorced): _____ Names and ages of dependents residing with Petitioner: _____ _____ Names, ages and relationships of all other people residing with Petitioner: _____ _____	

MEDICAL/MEDICAID/DENTAL/OPTICAL INSURANCES (List company, policy no., group no.,co-deductibles, etc...)

APPLICATION AND ORDER FOR WAIVER OR SUSPENSION OF FEES AND COURT COSTS, page 2

PETITIONER NAME: _____ CASE NO. _____

OTHER INCOME: List below all other income: Per capita, overtime, tips, public assistance, child support, unemployment, Veteran's benefits, social security, pensions, worker's comp, disability, interest, dividends, rent, donations, GTB program assistance, etc...

ASSETS (Other than real estate and motor vehicles): List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bonds posted, etc...

SOURCE OF INCOME:

_____ \$ _____ per _____

	BALANCE	INST. NAME
Checking/Draft	_____	_____
Savings	_____	_____
Credit Union	_____	_____

ASSET	VALUE (\$)
(Attach additional sheets if necessary)	
_____	_____
_____	_____
_____	_____

REAL ESTATE			
Purch Price	Current Value	Loan Bal	Payments
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLES			
Year	Make	Loan Bal	Payments
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PAYMENTS (Do not include payroll deductions, property payments or car payments). List all other payments including: RENT, CELL PHONE, UTILITIES, CHILD SUPPORT, LOANS, GARNISHMENTS, MANDATORY UNION DUES, MANDATORY RETIREMENT CONTRIBUTIONS, ETC...

ITEM	PAYMENT	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I DECLARE THAT I HAVE READ AND COMPLETED THE ABOVE, THAT IT HAS BEEN EXAMINED BY ME AND THAT ITS CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF. I FURTHER AUTHORIZE THE RELEASE OF ANY INFORMATION NEEDED TO VERIFY THIS AFFIDAVIT OR ANY OTHER INFORMATION NEEDED TO VERIFY MY FINANCIAL AFFAIRS.

I UNDERSTAND THAT IF I KNOWINGLY LIST ANY FALSE INFORMATION ON THIS AFFIDAVIT, I MAY BE PROSECUTED FOR PERJURY OR FOUND IN CONTEMPT OF COURT.

Date Applicant Signature

Subscribed and sworn to before me on _____ 20____. _____ County, Michigan.

My commission expires: _____ Notary Public Signature: _____

Notary Public, State of Michigan, County of: _____

(Seal)

PETITIONER NAME: _____ FILE NO. _____

ORDER REGARDING WAIVER OR SUSPENSION OF FEES AND COURT COSTS

IT IS HEREBY ORDERED:

- ADDITIONAL INFORMATION REQUIRED TO MAKE A DETERMINATION** (income/payments listed would not support applicant or applicant's family. Example: Outgoing funds exceed income listed)
- Fees and costs in this action required by law or by court rule are hereby waived.
- Fees and costs in this action are suspended until further order of the Court.
- The applicant's spouse shall pay the fees and costs required by law or by court rule.
- Applicant shall pay lesser amount of \$5.00 \$10.00 \$15.00
- The application is denied.
- Other: _____

Date

Tribal Court Judge