



Gun Lake Tribal Court

1743 142nd Ave., Suite 8
 PO Box 218
 Dorr, MI 49323

Phone: (616) 681-0697
 Fax: (616) 681-0103
 Chief Judge: Michael Petoskey

CASE NUMBER:		
Petitioner: name(s), address(es), telephone no.(s):	v	Respondent: name(s), address(es), telephone no.(s):

**AFFIDAVIT OF INDIGENCY
 AND
 REQUEST FOR WAIVER OF FILING FEE**

1. I am the: PETITIONER in the above captioned matter.
2. I respectfully petition the Court for a waiver of the filing fee based upon indigence because:

3. Number of people who live where I live including **ALL** income earners and legal dependants: _____.

a. List all within the household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. List the name(s) above and indicate if the person is an income earner or a legal dependant:

Name	Indicate if the person is an income earner or legal dependant
_____	_____
_____	_____
_____	_____

4. **INCOME:** (Please provide the Court with the following information and list all sources of income).

a. _____
Employer Name and Address

Length of Employment Average Gross Pay Average Net Pay

b. _____
Employer Name and Address

Length of Employment Average Gross Pay Average Net Pay

c. All other income:

5. **ASSETS:** State the value of car, home, bank deposits, bonds, stocks, etc.:

Value of Asset	Outstanding debt/mortgage against asset
Home:	
Cars:	
Bank Deposits:	
Stocks:	
Bonds:	
Other:	

6. **LIABILITIES AND MONTHLY OBLIGATIONS:**

a. The amount of my monthly obligations are the following (itemize in detail monthly mortgage payments, rent, utilities, food, installment payments, credit card payments, etc.):

Total Amount Per Month: \$ _____

b. Child support orders:

Court Name	Case No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Garnishments:

Court Name	Case No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

I swear that the information provided above is true and accurate to the best of my 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 and accurate. (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 on this date and subscribed and sworn to me the forgoing *Affidavit of Indigency and Request 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: _____
Printed Name: _____
County of: _____
State of: _____
Commission Expiration: _____