



Name of Plaintiff(s)

Petition To Waive Costs and Fees and
 Financial Affidavit

VERSUS

Name of Defendant(s)

PETITION

As a party in the above-titled action, I affirm that I am financially unable to pay the required fees and costs and therefore petition the Court to waive the cost of filing and court fees associated with the action for the reasons stated in my Affidavit below.

I hereby declare under the penalties of perjury that the declarations I have made in the Petition and Affidavit are true, correct, and complete and that I am financially unable to pay the cost of filing and court fees of this action.

FINANCIAL AFFIDAVIT

Fill in all answers and check all boxes which apply to you.

Employment: I am: currently employed. currently unemployed. actively seeking employment.

My present income is: _____ I am paid on a: weekly bi-weekly monthly basis.

Employer Name: _____ Employer Phone Number: _____

Employer's Address: _____

Are you an EBCI Tribal Elder? Yes. No. Number of children under eighteen (18) years old living in your home: _____

Marital Status: I am currently: married not married Spouse's Income: _____

Government Assistance: I am currently a recipient of: Supplemental Nutrition Assistance Program (SNAP/food stamps) Medicaid Temporary Assistance for Needy Families (TANF) Supplemental Security Income (SSI) Other: _____

Legal Aid Services (Your attorney must sign the certificate below): I am represented in this matter by the EBCI Legal Assistance Office (LAO), or I am represented by conflict counsel contracting with the EBCI Legal Assistance Office. I am represented in this matter by a pro-bono attorney.

Available assets: Cash on hand: _____ Bank accounts: _____ Stocks and bonds: _____ Other: _____

Are you eligible to receive Per Capita or GenWell payments as a member of a federally recognized Indian tribe? Yes No

If yes, which tribe? _____ If yes, what is the amount received yearly: _____

Other information you would like the Court to consider as to your ability to pay: _____

SIGNATURE OF PETITIONER

SWORN AND SUBSCRIBED TO BEFORE ME

Date	Signature	Date	Signature	<input type="checkbox"/> Clerk of Court <input type="checkbox"/> Assistant Clerk <input type="checkbox"/> Notary <input type="checkbox"/> Judge
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CERTIFICATE OF LEGAL AID SERVICES

I certify that the moving party has qualified for services under the guidelines of the EBCI Legal Assistance Office or under the income-based guidelines of another legal aid organization which provides free legal services to indigent parties, and that the moving party is represented in this matter by an attorney in or contracting with said office or organization.

Date	Signature	Organization Name
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ORDER

Based upon the financial affidavit above, it is ORDERED that:

The petition is granted, and the cost of filing and court fees associated with this action are hereby waived.

The petition is denied.

Date	Signature	Presiding Official
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