



Gun Lake Tribal Court

1743 142nd Ave., Suite 7
 PO Box 218
 Dorr, MI 49323

Phone: (616) 681-8830
 Fax: (616) 681-8836
 Chief Judge: Michael Petoskey

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

**AFFIDAVIT OF PRIMARY SUPPORT BY PUBLIC ASSISTANCE
 AND
 REQUEST FOR WAIVER OF FILING FEE**

1. I am the: PETITIONER in the above captioned matter.
2. I respectfully request a waiver of the filing fee because I am primarily supported by public assistance which I have listed below along with any other sources of income or support:

(Please list all sources of public assistance):

- a. _____
- b. _____
- c. _____
- d. _____

(Please list all other sources of income or support):

- a. _____
- b. _____
- c. _____
- d. _____

3. Number in Household: _____. (Family Size, including all income earners and legal dependants).

- a. List all within the household:

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

4. **OBLIGATIONS:** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

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 Primary Support by Public Assistance 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: _____