



<h2 style="margin: 0;">Gun Lake Tribal Court</h2>	
1743 142 <sup>nd</sup> 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):
<b>AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER OF FILING FEE</b>		

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: \_\_\_\_\_