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| KALISPEL TRIBAL COURT | |
| <hr/> Petitioner | |
| vs. | |
| <hr/> Respondent | |

NO.

MOTION FOR WAIVER OF FILING OR OTHER FEES

I. MOTION

Based on the declaration below, I move the court for an Order:

- 1.1 Permitting me to proceed in the above-referenced cause of action without payment of filing or any other court related fees, including service fees;
- 1.2 Directing the Clerk of the court to file the pleadings in the above-referenced cause of action without payment of filing or any other court related fees; and
- 1.3 Directing the _____
(Law Enforcement agency where respondent lives)
 to serve the papers in this action upon respondent without charging fees for the service.

Dated: _____

Petitioner

II. DECLARATION

- 2.1 I certify under penalty of perjury under the laws of the Kalispel Tribe of Indians that the following is true and correct.
- 2.2 I lack the funds or financial means to pay the Fifty Dollar (\$50.00) cost of Court filing fee or any other fees in this proceeding.
- 2.3 I respectfully submit my financial statement for the Court’s review as follows:

Case Name: _____ Case Number: _____

| Financial Statement (Attachment) | | | |
|--|-------------------------------------|---|-----------|
| 1. My name is: | | | |
| 2. <input type="checkbox"/> I provide support to people who live with me: How many? Age(s): | | | |
| 3. My Monthly Income: | | 6. My Monthly Household Expenses: | |
| Employed <input type="checkbox"/> | Unemployed <input type="checkbox"/> | Rent/Mortgage: | \$ |
| Employer's Name: | | Food/Household Supplies: | \$ |
| Gross pay per month (salary or hourly pay): | \$ | Utilities: | \$ |
| Take home pay per month: | \$ | Transportation: | \$ |
| 4. Other Sources of Income Per Month in my Household: | | Ordered Maintenance actually paid: | \$ |
| Source: | \$ | Ordered Child Support actually paid: | \$ |
| Source: | \$ | Clothing: | \$ |
| Source: | \$ | Child Care: | \$ |
| Source: | \$ | Education Expenses: | \$ |
| Sub-Total: | | Insurance (car, health): | \$ |
| <input type="checkbox"/> I receive food stamps. | | Medical Expenses: | \$ |
| Total Income, lines 3 (take home pay) and 4: | | Sub-Total: | \$ |
| 5. My Household Assets: | | 7. My Other Monthly Household Expenses: | |
| Cash on hand: | \$ | | \$ |
| Checking Account Balance: | \$ | | \$ |
| Savings Account Balance: | \$ | | \$ |
| Auto #1 (Value less loan): | \$ | | \$ |
| Auto #2 (Value less loan): | \$ | Sub-Total: | \$ |
| Home (Value less mortgage): | \$ | 8. My Other Debts with Monthly Payments: | |
| Other: | \$ | | \$ /mo |
| Other: | \$ | | \$ /mo |
| Other: | \$ | | \$ /mo |
| Other: | \$ | | \$ /mo |
| Other: | \$ | Sub-Total: | \$ |
| Total Household Assets: | | Total Household Expenses and Debts, lines 6, 7, and 8: | \$ |
| Date: | | Signature: | |