

STOCKBRIDGE-MUNSEE TRIBAL COURT

Mohican Nation

Stockbridge-Munsee Community

_____)
 _____)
 Petitioner,)
 _____)
 Respondent.)

AFFIDAVIT OF INDIGENCY
 CASE NO: _____

1. I am the Petitioner in the above titled action.
2. On Information and belief, I am entitled to the redress sought in this action.
3. Because of poverty, I am unable to pay the cost of this action or to give security to these costs.

4. I currently receive:

- | | | |
|---|--|---|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> W-2 | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Food stamps/Food Share | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Veterans Benefits |

5. I am currently married not married.

6. I currently am employed unemployed

Name of employer: _____

7. I earn [Gross Pay] \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly

8. I receive a gross monthly income in the total amount of \$ _____ from:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Pension | <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Other: _____ |

9. I have the following cash assets:

- | | |
|--|---|
| <input type="checkbox"/> Savings accounts: \$ _____ | <input type="checkbox"/> Cash: \$ _____ |
| <input type="checkbox"/> Checking Accounts: \$ _____ | <input type="checkbox"/> Money owed to me: \$ _____ |

10. I have the following other assets:

- | | |
|---|---|
| <input type="checkbox"/> Vehicle-Yr./Make: _____ \$ _____ | <input type="checkbox"/> Vehicle-Yr./Make: _____ \$ _____ |
| <input type="checkbox"/> House or other real estate: \$ _____ | <input type="checkbox"/> Other: \$ _____ |

11. My household consist of myself and _____ others:

- | | | |
|-----------------|--------------------|-------------|
| Full name _____ | Relationship _____ | D.O.B _____ |
| Full name _____ | Relationship _____ | D.O.B _____ |
| Full name _____ | Relationship _____ | D.O.B _____ |
| Full name _____ | Relationship _____ | D.O.B _____ |

12. The other members of my household have gross monthly income totaling the amount of \$_____ from: _____

13. I have the following debts:	Amount	Monthly payment
a. Mortgage/Rent	\$ _____	\$ _____
b. Utilities	Light Bill	\$ _____
	Gas Bill	\$ _____
	Telephone	\$ _____
c. Auto Loan	\$ _____	\$ _____
d. Credit Cards	\$ _____	\$ _____
e. Other:	\$ _____	\$ _____

14. I have the following unusual expenses, other than ordinary living expenses: _____

15. I do not receive any income from any source because: _____

16. You may attach a brief explanation you want this court to be aware of or any additional documentation you may think is necessary.

Signature of Petitioner _____ Date _____

THE COURT FINDS AND ORDERS this petition:

- GRANTED** because the court finds the petitioner is currently indigent. All necessary documents shall be provided for service without fees, including service fees and filing fee.
- GRANTED** for a waiver of \$ _____. The petitioner is required to pay this fee in lieu of the original filing fee.
- DENIED** because the court finds the petitioner is not indigent or the petitioner has not stated a meritorious claim, defense, or appeal upon which the court may grant relief.

Dated: _____

BY THE COURT:

**Chief Judge Marianne Higgins
Stockbridge-Munsee Tribal Court**