
Name

Mailing Address

City, State Zip Code

Phone Number E-mail

- Petitioner/Plaintiff (without attorney/advocate)
- Respondent/Defendant (without attorney/advocate)

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

| | |
|---|---|
| _____ Petitioner(s)/Plaintiff(s) and _____ Respondent(s)/Defendant(s) | Cause No. _____ APPLICATION FOR WAIVER OF COURT FILING FEES |
|---|---|

COMES NOW, Petitioner/Plaintiff Respondent/Defendant and respectfully submits this request to the CHIEF JUDGE OF TRIBAL COURT:

I, _____, do hereby depose and say that I am unable to pay the filing fees involved in the above-entitled matter. I request a waiver of such fees and offer the following attachment(s) as documentation of my serious need.

- Certification of my qualification to receive Montana TANF/SNAP
- Certification of my qualification to receive Tribal GA
- Detailed financial statement and IRS tax return showing that my income is below the federally established poverty level.
- Other: _____

RESPECTFULLY submitted this ____ day of _____, 20__ by:

Signature of: Petitioner/Plaintiff Respondent/Defendant

VERIFICATION AND ACKNOWLEDGMENT

I, _____, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: _____