

## **Gun Lake Tribal Court**

**Chief Judge: Michael Petoskey** 

2873 Mno Bmadzewen Dr. Shelbyville, MI 49344 Phone: (269) 397-1630 Fax: (269) 397-1631

CA	CASE NUMBER:							
Petitioner: (Name, Address, Phone Number)			Respondent: (Name, Address, Phone Number)					
		v.						
	45554475455444544		DV 5115114		CT 4 1 1 C C			
	AFFIDAVIT OF PRIMARY SUI		BA PORFIC	. A551	STANCE			
	REQUEST FOR WA	ND NVFR (	OF FILING	FFF				
	REQUEST FOR WA	AI V LIV	OI IILIIVO	LL				
l.	I am the Petitioner Respondent in the al	bove ca	ptioned mat	ter.				
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 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 the household (Family size	includ	ing all incom	o oarn	ars and la	aal denen	dents)	
,.	Number in the household (Family size, including all income earners and legal dependents). List all within the household and indicate if the person is an income earner or dependent.							
	Name of person living in your household		In	Income Earner? Dependent?				
				Yes	☐ No	Yes	No	
				Yes	No No	Yes	No No	
				Yes	No No	Yes	No No	
				Yes	No	Yes	<u></u> No	
				Yes	l l No	l l Yes	l I No	

4.	MONTHLY 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						
	above named party personally appeared before me and signed this <i>Affidavit</i> certifying the information ained herein is true and accurate. (Notarized acknowledgment required if <i>Affidavit</i> is mailed to the Court).						
l swe	ear that the information provided above is true and accurate to the best of my knowledge and belief.						
 Date	Court Staff's Signature						
	ACKNOWLEDGEMENT						
	THE STATE OF) ) ss. COUNTY OF)						
	, in said County and State, personally appeared before on this date and subscribed and sworn to me the forgoing <i>Affidavit of Primary Support by Public Assistance and Request for Waiver of Filing Fee</i> , 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 of20						
	Signature: Printed Name: County of:						
	State of: Commission Expiration:						