

Gun Lake Tribal Court

Chief Judge: Michael Petoskey

Respondent:

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

CASE NUMBER:

Petitioner:

v

AFFIDAVIT OF PRIMARY SUPPORT BY PUBLIC ASSISTANCE AND REQUEST FOR WAIVER OF FILING FEE

- 1. I am the Petitioner Respondent in the above captioned matter.
- 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:

Α.	
В.	
C	
D	
-	

Please list all other sources of income or support:

В	
C.	
D.	

3. 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	Income Earner?	Dependent?
	🗌 Yes 🗌 No	Yes No
	🗌 Yes 🗌 No	Yes No
	🗌 Yes 🗌 No	Yes No
	🗌 Yes 🗌 No	Yes No
	Yes No	Yes 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

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).

I swear 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 *Affidavit of Primary Support by Public Assistance 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: _____