

CHIPPEWA CREE TRIBAL COURT

APPLICATION FOR FEE WAIVER

All sections must be complete. Incomplete applications will not be accepted.

NAME OF APPLICANT (<i>Last, First, Middle</i>)				DATE OF BIRTH	
PHYSICAL ADDRESS				PHONE NUMBER	
MAILING ADDRESS				ADDITIONAL PHONE NUMBER	
NAMES OF PERSONS LIVING IN HOUSEHOLD <small>USE BACK IF MORE SPACE IS NEEDED</small>			RELATIONSHIP	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
				PRESUMPTIVE ELIGIBILITY <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Vet Benefits/Disability	
				Documentation Required	
				<i>Office Use Only</i>	
				<input type="checkbox"/> Documentation Received <input type="checkbox"/> Documentation Missing	
GROSS MONTHLY INCOME <small>Documentation Required</small>		AMOUNT	MONTHLY EXPENSES <small>Documentation Required</small>		AMOUNT
Applicant – Gross Wages		\$	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>		\$
Applicant Employer Name/School			Utilities- Gas, Electric, etc.	\$	
Spouse/Significant other – Gross Wages		\$	Phone		\$
Spouse Employer Name/School			Food	\$	
			Child Care	\$	
			Vehicle Loan Payment	\$	
Other HH Members		\$	Child Care		\$
Self-Employment		\$	Vehicle Loan Payment		\$
Food Stamps		\$	Other Vehicle Expenses		\$
Unemployment		\$	Payroll Taxes		\$
Worker's Comp		\$	Child Support		\$
Pension/Retirement		\$	Insurance-Health		\$
Child Support Rec		\$	Insurance-Vehicle		\$
Other Income:			Other Expenses:		
<i>Office Use Only</i> Total Monthly Income		\$	<i>Office Use Only</i> Total Expenses		\$

Approval/Denial Reason:

Approving/Denying Official:

Date:

Eligible for Community Service in Lieu of court fee:
 Yes
 No

I, the undersigned, am requesting waiver of filing fees for _____. I am unable to pay for these filing fees due to _____ determining my eligibility, I swear, under oath, that the foregoing information is complete, correct and accurate. **False statements or false information will result in another criminal prosecution for knowingly providing false information.**

I certify under penalty of perjury or false swearing, that the information given is complete, correct and accurate.

Signature of Applicant _____ Date _____ Witnessed by _____ Date _____