QUILEUTE TRIBAL COURT

FINANCIAL DECLARATION and APPLICATION TO WAIVE FILING FEE

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all of your Employer’s Names, Addresses, and Telephone numbers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Obligations: (State total number of persons living in your home, including yourself): \_\_\_\_\_\_\_\_\_

Public Assistance: (check all that apply and provide the amount):

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Aid to Families with Dependent Children (AFDC)

$\_\_\_\_\_\_\_\_\_\_\_ ( ) General Assistance

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Medicaid

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Poverty-related Veterans’ Administration (VA) Benefits

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Food Stamps

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Refugee Resettlement Benefits

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Supplemental Security Income (SSI)

$\_\_\_\_\_\_\_\_\_\_\_ ( ) Other (name type)

Monthly Income

$\_\_\_\_\_\_\_\_\_\_\_ Your monthly take-home pay from all jobs after deductions

$\_\_\_\_\_\_\_\_\_\_\_ Your spouse/partner’s monthly take-home pay from all jobs after deductions

$\_\_\_\_\_\_\_\_\_\_\_ Rent or contributions or income from anyone else to you

$\_\_\_\_\_\_\_\_\_\_\_ Interest, dividends, or other income

$\_\_\_\_\_\_\_\_\_\_\_ Other assistance such as unemployment, Social Security, worker’s compensation,

pension, etc.

$\_\_\_\_\_\_\_\_\_\_\_ Any other income from any other source

Monthly Expenses

$\_\_\_\_\_\_\_\_\_\_ Shelter (rent, mortgage, or contributions you make to someone else)

$\_\_\_\_\_\_\_\_\_\_ Utilities (heat, water, electricity) - enter “0" if included in rent

$\_\_\_\_\_\_\_\_\_\_ Food $\_\_\_\_\_\_\_\_ Clothing

$\_\_\_\_\_\_\_\_\_\_ Health care $\_\_\_\_\_\_\_\_ Transportation

$\_\_\_\_\_\_\_\_\_\_ Total loan payments $\_\_\_\_\_\_\_\_ Other expenses

Assets

$\_\_\_\_\_\_\_\_\_\_ Cash or money on hand or in any type of bank account

$\_\_\_\_\_\_\_\_\_\_ Stocks, bonds, certificates of deposit, securities

$\_\_\_\_\_\_\_\_\_\_ Money owed to you by someone else

$\_\_\_\_\_\_\_\_\_\_ Value of real estate owned anywhere

$\_\_\_\_\_\_\_\_\_\_ Value of vehicles owned

$\_\_\_\_\_\_\_\_\_\_ Value of other property owned by you and your spouse (boats, jewelry, musical equipment, firearms, collections, etc.)

Affidavit: **I hereby certify under penalty of perjury under the laws of the Quileute Tribe that the foregoing is true and correct. By my signature below, I authorize the court to verify all information provided here. I further promise under penalty of perjury to immediately report any changes in my financial status to the court.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at La Push, Washington.

\_\_\_\_\_\_INDIGENT \_\_\_\_\_\_NOT INDIGENT \_\_\_\_\_\_\_INDIGENT AND ABLE TO

CONTRIBUTE

JUDGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_