

IN THE TRIBAL COURT OF THE KLAMATH TRIBES

\_\_\_\_\_)  
Petitioner )  
vs. )  
\_\_\_\_\_)  
Respondent, )  
\_\_\_\_\_)  
Respondent )

Case No.: \_\_\_\_\_

FEE WAIVER APPLICATION

COMES NOW, \_\_\_\_\_, Petitioner and moves this Court for an Order:

1. Permitting Petitioner to proceed \_\_\_\_\_ without payment of the filing fee in the above-entitled matter; or, \_\_\_\_\_ permitting the Petitioner to proceed by paying only part of the filing fee in this matter (check one). And;

Directing the Clerk to file the pleadings in this matter in accordance with the Court's order regarding this motion. Klamath Tribal Court Rules of Civil Procedure, section 12.16(g) provides that, "Any person who is unable to pay the filing fee required in Subsection (f) of this Section may file with his or her complaint a motion for leave to proceed *in forma pauperis*, which shall be accompanied by a signed affidavit stating his or her inability to pay, the issues he or she intends to bring in the lawsuit, and his or her belief that he or she would win the lawsuit. If the motion is granted, the person may proceed without payment of the filing fee. If the motion is denied, the Court shall state in writing the reason for the denial and order the party to pay the filing fee within five (5) days or the complaint will be dismissed. The Clerk shall cause the judge's order to be served on the person." This request is based on the following affidavit:

AFFIDAVIT

The undersigned states:

1. I am a Petitioner in this action;
  2. I believe that I have valid reasons for bringing this action, and that I am entitled to the relief requested;
  3. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay the court filing fees. Of \$\_\_\_\_\_ .00 in this proceeding.
  4. My current street or mailing address is: \_\_\_\_\_
  5. My occupation, employer and my employer's address are: \_\_\_\_\_
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6. I own or have an interest in the have the following property:

- a. Cash \$\_\_\_\_\_ .00
- b. Checking/Savings Account

(List name of financial institution and amount)

1. \_\_\_\_\_ \$\_\_\_\_\_ .00
  2. \_\_\_\_\_ \$\_\_\_\_\_ .00
  3. \_\_\_\_\_ \$\_\_\_\_\_ .00
- Total: \$\_\_\_\_\_ .00

c. Cars, other vehicles and boats (list make, year, fair market value and loan balance for each)

Property	FMV	Loan Balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

7. My gross monthly income is \$\_\_\_\_\_ .00.

My payroll deductions are:

(a) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(b) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(c) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(d) \_\_\_\_\_ \_\_\_\_\_ .00 Total payroll

deductions: \$ \_\_\_\_\_ .00

My take-home pay is (7 minus payroll deduction total): \$ \_\_\_\_\_ .00

8. I receive the following forms and amounts of state, federal or tribal assistance:

(a) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(b) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(c) \_\_\_\_\_ \$ \_\_\_\_\_ .00

9. Other money I receive each month: (Specify source and amount. Include spousal support, support from outside the home, scholarships, retirement pensions, social security, military allowances, dividends, interests, tribal per capita payments and the like:

(1) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(4) \_\_\_\_\_ \$ \_\_\_\_\_ .00

10. My monthly expenses are:

a. Rent/Mortgage \$ \_\_\_\_\_ .00  
b. Food and household supplies \$ \_\_\_\_\_ .00  
c. Clothing \$ \_\_\_\_\_ .00  
d. Child care/School \$ \_\_\_\_\_ .00  
e. Medical and Dental payments \$ \_\_\_\_\_ .00  
f. Transportation and auto expenses \$ \_\_\_\_\_ .00  
g. Insurance \$ \_\_\_\_\_ .00  
h. Utilities and telephone \$ \_\_\_\_\_ .00  
i. Child and spousal support (prior marriage) \$ \_\_\_\_\_ .00  
k. Installment payments (specify purpose and amount) \$ \_\_\_\_\_ .00

(1) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ .00

l. Other expenses: (specify)

(1) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ .00

My total monthly expenses are: (add a. through l.) \_\_\_\_\_ \$ \_\_\_\_\_ . 00

11. Number of persons living with me: \_\_\_\_\_

Below list the persons living in your home, including your spouse, who depend on you in whole or in part for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross monthly
(1) _____	_____	_____	\$ _____
(2.) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____

The total amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach a page labeled Attachment 11.)

12. Other facts that support this application are: (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget. If more space is needed, attached a page labeled Attachment 12.)  
Under penalty of perjury, I hereby certify that the statements above are true and correct to the best of my knowledge.

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DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_. \_\_\_\_\_  
Petitioner

STATE OF OREGON)  
County of \_\_\_\_\_ )ss.  
\_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, the above named  
personally appeared before me and attested to the foregoing statements.

\_\_\_\_\_  
Notary Public for Oregon  
My Commission Expires:

**ORDER OF THE COURT**

**IT IS HEREBY ORDERED THAT:**

\_\_\_\_\_ Petitioner's Application for Waiver of Filing Fees herein is denied for the following  
reasons, and the Petitioner shall pay all filing fees and costs due in the action within 10 days  
from the date of service of this order or any paper filed by the Petitioner with the clerk shall be of  
no effect:

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

\_\_\_\_\_ Petitioner's Application for Waiver of Filing Fees herein is granted, and the Clerk of  
the Court is directed to accept the filing of Petitioner's Complaint or Petition in this matter:

\_\_\_\_\_ without payment of filing fees;

\_\_\_\_\_ upon payment of filing fees in the amount of \$ \_\_\_\_\_ . 00

The clerk is directed to mail a copy of this order only to the Petitioner's attorney or to the Petitioner if Petitioner is not represented.

All unpaid filing fees shall be deemed to be taxable costs if the Petitioner is entitled to costs and shall be a lien on any judgment recovered by the Petitioner and shall be paid directly to the Clerk by the judgment debtor upon such recovery.

Petitioner shall immediately inform the court if Petitioner becomes able to pay the filing fees during the course of this action.

Dated this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Deborah DuBray, Chief Judge