

NORTHERN CALIFORNIA INTERTRIBAL COURT

Administrative Offices
3000 Shanel Road
Hopland, CA 95449

Phone 707-472-2160
Email: courtclerk@tribalcourt.org
Website: www.tribalcourt.org


**THIS FORM MUST BE ATTACHED TO A COMPLETED
INCOME AND EXPENSE DECLARATIO BEFORE IT WILL
BE PROCESSED**

(Petitioner's Name)

(Address)

(Telephone) (Email Address)

(For Court Use Only)



(Case Number)

**PETITIONER'S FEE WAIVER REQUEST AND
ORDER REGARDING WAIVER OF FEES**

Full Case Name:

_____ vs. _____
(Petitioner) (Respondent)

I, the undersigned, am the Petitioner in the above-captioned matter and my fee waiver request is based on:

- a. I am currently receiving public benefits (Food Stamps, TANF, General Assistance, Medi-Cal, or other).
- b. My household income is less than the current federal poverty guidelines.
- c. I do not have enough income to pay for my household's basic needs and the court fees and I have attached completed form FWD-115 Income and Expense Declaration and proof of income to support my request to waive fees.

I understand that if a monetary judgment is awarded on my behalf, I will pay court costs and filing fees that were originally waived under this request.

I declare under penalty of perjury that the foregoing is true and correct.

Date Signature and Printed Name

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ORDER REGARDING WAIVER OF FEES

Based on the proof of income and/or documentation of income presented the issues the following orders:

- 1. **The Court grants Petitioner’s request.** You are not required to pay court fees relating to this case. However, if you are awarded a monetary judgment, you will be required to reimburse the Court for any fees that have been waived under this request.
- 2. You are required to advise the Court Clerk, if your finances improve or you become able to pay the fees.
- 3. **The Court denies Petitioner’s request** due to the following reason(s):

Date

JUDGE for the Northern California Intertribal Court System