



**NORTHERN CALIFORNIA INTERTRIBAL COURT  
 HOPLAND BAND OF POMO INDIANS  
 3000 Shanel Rd. Hopland, California 95449  
 (707) 472-2160 E: courtclerk@tribalcourt.org**

**INCOME AND EXPENSES DECLARATION FOR FEE WAIVER**

1. Case Type:  Civil  Name Change  Guardianship  Other: \_\_\_\_\_
2. Your information:
  - a. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
  - b. Address (mailing and physical):  
\_\_\_\_\_
  - c. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  - d. Case # \_\_\_\_\_ (if a case number has not been assigned, leave blank)
  - e. Tribal Affiliation:  I am a Tribal Member of  Cahto Tribe of Laytonville  Hopland  Coyote Valley  
 I am a member of another federally recognized tribe – Tribe: \_\_\_\_\_  
 I am non-Indian
3.  I am requesting a waiver of fees because I am an elder (55 or older). **(Go to page 3, sign and date the application – no further information is necessary)**
4.  I am requesting a waiver of fees because I have a financial hardship or am low-income and I have listed my sources of income or support below.
5.  I am requesting a waiver of fees because I am primarily supported by public assistance which I have listed below along with any other sources of income or support:

Please list all sources of public assistance:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**If verifiable public assistance is the household's only income, go to page 3, sign and date the application (no further information is necessary)**

Please list all other sources of income or support:

Source of Income	Amount	Taxable (Y/N)

6. Number of people in the home (including **ALL** income earners and legal dependents): \_\_\_\_\_.

List **ALL persons** in the household and indicate for each either income earners and/or legal dependents:

Name	Age	Relationship	Income Earner (Y/N)	Legal Dependent (Y/N)

(please attach additional information, if more space is needed)

7. **MONTHLY PAYMENTS.** Itemize monthly rent, installment payments, mortgage payments, child support, etc. Itemize **in detail** your monthly payments (e.g., mortgage payments, rent, utilities, food, installment payments, credit card payments, etc.) Do **not** include child support in this section.

Payable to:	Monthly Payment is for:	Total owed:	Payment Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Monthly payments:		\$	

8. **Child Support Payments**

Amount of Arrears:	Court Name	Case Number	Monthly payment amount
			\$
			\$
			\$
Total Monthly Child Support:		\$	

Additional pages are attached

9. List ALL other court ordered payments:

Purpose of payment or payee:	Court Name	Case Number	Amount
			\$
			\$
			\$
			\$
Total Monthly Court Ordered Payments:			\$
<b>TOTAL OF ALL MONTHLY PAYMENTS:</b>			<b>\$</b>

I swear or affirm under penalty of perjury that the information provided above is true to the best of my information, 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. (Notarized acknowledgment required if Affidavit is mailed to the Court)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court Staff

**ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

THE STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ 20\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within *Affidavit and Waiver of Filing Fee*, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California and any applicable tribal laws that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Given under my hand and seal of office, this day of \_\_\_\_\_, 20\_\_.

SEAL:

Signature: \_\_\_\_\_