

HABEMATOLEL POMO OF UPPER LAKE TRIBAL COURT

635 E. Highway 20 Upper Lake, CA 95485

Phone: 707.900.6917

[Http://www.hpultribe-nsn.gov](http://www.hpultribe-nsn.gov)

APPLICATION FOR WAIVER OF COURT FEES

_____)
 Petitioner(s),)
 v.) Case Number: _____
 _____)
 Respondent(s).)

The Tribal Court needs to know about your financial situation to determine whether you are eligible for waived Court fees. Answer the questions carefully: you could face punishment and prosecution for perjury.

Financial Statement:

I receive assistance for: Health Care Food Stamps Housing Other

Assistance received through: _____

What is your monthly income? _____

Include: Spousal income, Employment, Social services, General assistance.

Do you have bank accounts? Yes No If yes, dollar amount in the accounts.

Checking: _____ Savings: _____ Other: _____

Are you employed? Yes No If yes, Employers Name: _____

Do you own / rent? _____ What is the monthly payment? _____

How many are in the household? Adults: _____ Children: _____

Other information that you would like the Court to know. _____

Include additional sheets as needed.

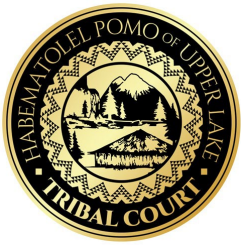
Waiver Eligibility is based on the Federal Poverty Guidelines

If income falls within Column B, 100% of fee waived

If income falls within Column C, 80% of fee waived

If income falls within Column D, no waiver of fee granted

A. Number of Persons in Family or Household	B. Monthly Income Under	C. Monthly Income is at least but not greater than	D. Monthly Income Greater Than
1	\$1073.00	\$1073-\$1407	\$1457
2	\$1452.00	\$1452-\$1904	\$1974
3	\$1830.00	\$1830-\$2401	\$2488
4	\$2208.00	\$2208-\$2898	\$3003
5	\$2586.00	\$2586-\$3395	\$3517
6	\$2965.00	\$2965-\$3893	\$4033
7	\$3343.00	\$3343-\$4389	\$4548



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I authorize the Habematolel Pomo of Upper Lake Tribal Court to investigate the above statements. The undersigned swears or affirms that the statements set forth above are true, correct, and complete to the best of my knowledge and are subject to penalties of making false affidavit or declaration.

_____ Date _____ Signature _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

_____ My Commission Expires _____ Notary Public/ Court Clerk _____

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ORDER RE: APPLICATION FOR WAIVER OF COURT FEES

- The Court grants your request.
- 100% of Court Fees are waived.
- 80% of Court Fees are waived.
- The Court denies your request for the following reason(s):

_____ Date _____ Signature of Judge _____

This is a Court Order