NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT

AFFIDAVIT & REQUEST FOR DELAY OR WAIVER OF EMERGENCY RESTRAINING ORDER FILING FEE

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Court Address: 2221 1 ½ Mile Road, Fulton, MI 49052 Court Telephone No. (269) 704-8404 Court Fax No. (269) 729-4826

PLAINTIFF/PETITIONER (Name, Address, Telephone):		DEFENDANT/RESPONDENT (Name, Address, Telephone):
	v.	

TO THE TRIBAL COURT:

I am filing a petition for an emergency restraining order, also known as a preliminary injunction, by facsimile or email, or am indigent, and am requesting that the Court:

- 1. \square Grant a delay in submitting the Court fee and accept the filing; Under oath I affirm that I understand:
 - a. That by completing this portion of this Affidavit & Request for Delay or Waiver of Emergency Restraining Order Filing Fee that I can and will pay the filing fee;
 - b. That, if approved, the Court is granting a delay in payment of the filing fee to proceed with the Petition as if the filing fee was paid or a waiver of Court fees was granted with payment due before the matter is heard;
 - c. That I pay the filing fee with <u>receipt</u> by the Court required before the Hearing is held or within seven (7) days of the date the Petition was filed, whichever is sooner, by:
 - i. Credit card by appearing at or contacting the Court;
 - ii. Check or money order made payable to the "NHBP Tribal Court", by appearing at the Court;
 - iii. Check or money order made payable to the "NHBP Tribal Court", by sending payment by first-class U.S. mail or express mail with receipt by the Court required as noted above;
 - iv. Cash by appearing in person at the Court as cash may not be sent by mail;

OR

2.		☐ Grant a waiver of fees and accept the filing; with all financial information below under oath.				
	a.	Employment: ☐ I am not employed ☐ I am employed	Name of Employer:			
		I receive: \$	(gross pay)	□ weekly	□ every two weeks per pa	•
 b. Public Assistance □ I do not receive public assistance □ I do receive public assistance Public Assistance Case No						
I receive: \$ (gross amount) □ weekly □ every two weeks □ n						

c. I receive gross monthly income totaling the amount				of \$	from:
		☐ Pension	☐ Social Security	☐ Unemployment compensat	tion
		☐ Disability	☐ Student loans/grants	☐ Other:	
	4	I have the following ass	h accata:		
	a.	I have the following cas		□ Cash: \$	
			\$ \$		
		in Checking accounts.	Ψ	🗀 Other. 🤋	
	e.	I have the following oth	er assets:		
		☐ Per Capita: \$	(Amount per	r: □Month□Quarter □Bi-Annual □	∃Annual)
		☐ Vehicle: \$	(Value)	Vehicle: \$	(Value)
		☐ Other assets valued o	ver \$200 each:		
	f.	Housing: ☐ I rent my h	ome		
	g.	Relationship Status:			
	5.	☐ I am not married			
		☐ I am married	My spouse earns (gross pa	y) \$	
			\square weekly \square every tw	o weeks	
	h.	There are (num	ber of) people living in my l	nousehold (including myself) with	h a gross
					=
	i.	I have the following deb	ets: Amount	Monthly Paym	nent
		i. Mortgage/Rent	\$		
		ii. Car loan	\$		
		iii. Credit cards	\$		
		iv. Other	\$		
		v. Other	\$		
3	Lan	n the: □ Plaintiff/Petitior	ner Defendant/Resp	ondent □ Other:	
in the following matter pending in the Tribal Court:					
		Name of Case:			
),	Presiding Judge:	
1.	I re	quest that all fees in the a	bove referenced matter be v		
	Un	der eath Laffirm that Ly	vill either nay the fee in this	case before the hearing on the em	nergency
			- ·		
restraining order I am requesting within seven (7) days whichever is sooner or state that because of a low income, I am unable to pay the fees in the above-referenced case. I affirm that the information provided in this Affidavit is true to the best of my knowledge, information and belief. I understand that if I receive a waiver and my financial situation changes, I must notify the Court					
	immediately. I understand that I may be required to compensate the Court in part or whole for the				
		fees waived. I understand that the Court may garnish any per capita payments if I fail to pay fees			
ordered by the Court.					
	Dat	e (mm/dd/yyyy)	Signature of Plaintiff/Petit	ioner	
	שנו				
			Print or Type Name		