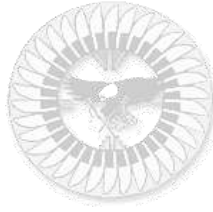


**IN THE TRIBAL COURT  
PUEBLO OF ISLETA  
ISLETA, NEW MEXICO**



**APPLICATION FOR WAIVER OF FILING FEE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

Lives alone OR with:  Spouse  Children  Parent  Friend  Other

No. of Dependents in Household: \_\_\_\_\_

**PRESUMPTIVE ELIGIBILITY:**

I currently DO NOT receive public assistance.

I currently receive the FOLLOWING public assistance in \_\_\_\_\_ County:

Dept. of Health Case Management Services (DHMS) \$ \_\_\_\_\_

TANF/GA \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Medicaid \$ \_\_\_\_\_

Public Housing \$ \_\_\_\_\_ SSI/SSDI \$ \_\_\_\_\_ VA Disability \$ \_\_\_\_\_

***OTHER:*** *(Provide any other statements below or attach any documents that you want the Court to consider in your request to waive the filing fee)*

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**IN THE TRIBAL COURT  
PUEBLO OF ISLETA  
ISLETA, NEW MEXICO**

\_\_\_\_\_,  
**Petitioner,**

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

v.

\_\_\_\_\_,  
**Defendant.**

**ORDER**

THIS MATTER having come before the Court and the Court being fully advised of the circumstances, hereby FINDS :

- GRANTED** the filing fee shall be waived.
- DENIED** for the following reason \_\_\_\_\_.
- OTHER** \_\_\_\_\_.

**SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Isleta Tribal Court Judge