

APPLICATION FOR WAIVER OF FILING FEE

Name:		DOB:
Address:	I	Phone:
Marital Status: Single	Married Divorced	Separated Uidowed
\Box Lives alone <u>OR with:</u> \Box S	pouse 🛛 Children 🖵 Pa	rent 🗖 Friend 🗖 Other
No. of Dependents in Househol	d:	
PRESUMPTIVE ELIGIBILI	e public assistance.	
□ I currently receive the <u>FOL</u>	<u>LOWING</u> public assistan	ce in County:
Dept. of Health Case Manag	gement 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*)

Revised June, 2020 – POI Tribal Court

, Petitioner, Case No.

v.

Defendant.

<u>ORDER</u>

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