

**IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA
MESKWAKI TRIBAL COURT
Meskwaki Settlement
307 Meskwaki Road
Tama, IA 52339-9629**

Sac & Fox Tribe of the Mississippi in Iowa,
Petitioner/Plaintiff,

Case No/s.

vs

_____ ,

D.O.B. _____ ,

Defendant.

**FINANCIAL AFFIDAVIT OF
DEFENDANT AND
APPLICATION OR DECLINATION FOR
APPOINTMENT OF LEGAL COUNSEL**

Is there an active Order of Protection in this case? YES NO MAYBE

Name of Protected Party/ies: _____

Name of issuing Court/s: _____

Full Name: _____ Date of Birth: _____

Mailing Address: _____
Street or PO Box City State ZIP

Residence (If different than Mailing address: _____

Primary Phone: _____ Other Phone: _____ Person: _____

Can you be contacted by e-mail? No Yes, E-mail Address: _____

* * * **DEFENDANT'S STATEMENT REGARDING APPOINTMENT OF LEGAL COUNSEL** * * *



Yes, I **REQUEST** APPOINTMENT OF LEGAL COUNSEL now.

No, I **DECLINE** APPOINTMENT OF LEGAL COUNSEL. I understand that even if I decline appointment of legal counsel at this time, I remain eligible to apply for legal counsel throughout the pendency of my court proceedings and can fill out a new application at any time [**Skip next sections, Go directly to last page and sign**].

If **YES** requesting an Attorney, please complete the rest of this form ...

Marital Status: Single _____ Married _____ Divorced _____

Name of Spouse/Sig. Other: _____ Live with Spouse/Other? Yes No

Employer Name _____

Address of Employer _____
Street or PO Box City State ZIP

Work Phone Number: _____ Supervisor: _____

Weekly Take Home Pay (after taxes & deductions) \$ _____ Rate of Pay \$ _____ per hour

Weekly Gross Earnings (before any taxes and deductions) \$ _____

Total Gross Earnings for past 12 months: \$ _____

Child Support/Spousal Support **Received** \$ _____ *per* week / month

Child Support/Spousal Support **Paid** \$ _____ *per* week / month

Per Capita Received \$ _____ *per* month / quarter / other time period: _____

From Tribe: _____

Person/s receiving Per Capita (List all people that YOU receive per capita FOR, including Self or children): _____

How many people live in your household ? (you must include ALL individuals): _____

Do you live in a single family household or a multi-family household? _____

How many dependents do YOU have? _____ Can someone else claim YOU as a dependent? _____

A) List **YOUR DEPENDENTS** here, including yourself:

Name	Lives in Household? Y/N	Age	Relationship to You

B) List the people living in your household who are **NOT your Dependents**:

Name	Age	Relationship to You

Your Social Security Received \$ _____ Your Unemployment Received \$ _____

Total amount of "Other" sources of income (List all sources of public assistance, if any, including ADC, heating assistance, food stamps): \$ _____

List Sources: _____

Does any person pay all or any portion of your living expenses? Yes No

If yes, who pays these costs and how much do they contribute? _____

Do you believe that your family income is below federal poverty guidelines (*see chart below*) for your size family? YES NO

State any reasons why the guidelines should be deviated from: _____

2024 Poverty Guidelines for the 48 Contiguous States and D.C.		
Persons in family	Monthly (estimated)	Annual
1	\$1,255	\$15,060
2	1,703	20,440
3	2,152	25,820
4	2,600	31,200
5	3,048	36,580
6	3,497	41,960
7	3,945	47,340
8	4,393	52,720

2024 FEDERAL POVERTY GUIDELINES

For families/households with more than 8 persons, add \$5,380 for each additional person.

SOURCE: Federal Register / Vol. 89, No. 11 / Wednesday, Jan. 17, 2024 / Notices. Pp 2961 - 2963

Pursuant to **Section 7-2308** of the Tribal Code, all orders for appointment of attorneys at the Tribe's expense shall require the person receiving such funds to perform at least three hours of community services to the Tribe for each hour of attorney or advocate time billed to the Tribe, except that the Court need not require community service where the Court finds that a party is not physically able to perform such services or where the performance of such services would impede reunification of the family. The Court, may, in its discretion, condition the appointment of counsel upon the indigent party first having completed some or all of the community service hours.

- SIGN BELOW IN FRONT OF A NOTARY or COURT STAFF or Jail staff -

Defendant Verifies: "I, the Defendant, declare under penalty of perjury under the laws of the Sac & Fox Tribe of the Mississippi in Iowa that the foregoing is true and correct."

Date & Sign 

Date: _____

Signature of DEFENDANT

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

Notary Public

ISSUED STAMP

*** AREA BELOW FOR JUDGE ONLY ***

Application **APPROVED**

Assigned To: _____

Phone: _____

Application **DENIED**

Reason: _____

ON DATE: _____

BY JUDGE: _____