

307 Meskwaki Road, Tama, IA 52339-9629

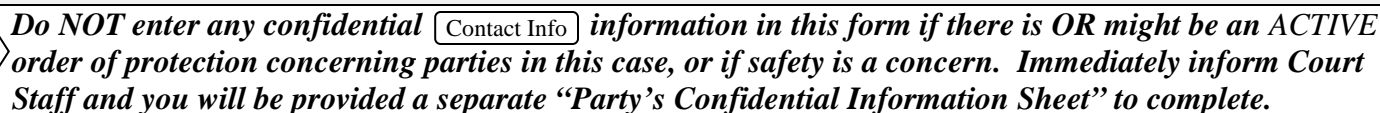
Financial Affidavit and Application for Appointment of Legal Counsel for Parent/Guardian or Child

Are there any active Orders of Protection?

☐ YES☐ NO☐ **MAYBE**

Name of Protected Party/ies & Respondent:

Name of issuing Court/s:

Full Name: _____

Date of Birth:

Contact Info

Mailing Address:

Street or PO Box

City

State

ZIP

Contact Info

Residence (If different than Mailing address:

Contact Info

Primary Phone:

Other Phone:

Person:

Contact Info

Can you be contacted by e-mail?

☐ No

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Yes, E-mail Address:

Marital Status:

Single

Married

Divorced

Name of Spouse/Sig. Other:

Live with Spouse/Other? Yes____ No ____

Contact Info

Where do you work?

Contact Info

Employer Address

Street or PO Box

City

State

ZIP

Contact Info

Work Phone Number:

Supervisor:

Weekly Take Home Pay (net) \$_____ Weekly Gross Earnings \$_____

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: _____

From Tribe/s: _____

Concerning Person/s: _____

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 \$ _____ Your Unemployment \$ _____

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

Does any person pay all or any portion of your living expenses? _____

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

Do you believe that your family income is below the federal poverty guidelines (*see chart below*) for your size family? ☐ YES ☐ NO State any reason why the federal poverty guidelines should be deviated from: _____.

2025 Poverty Guidelines for the 48 Contiguous States and D.C.		
Persons in family	<i>Monthly (estimated)</i>	Annual
1	\$1,304	\$ 15,650
2	1,763	21,150
3	2,221	26,650
4	2,679	32,150
5	3,138	37,650
6	3,596	43,150
7	4,054	48,650
8	4,513	54,150

2025 FEDERAL POVERTY GUIDELINES

*For families/households
with more than 8 persons,
add \$5,500
for each additional person.*

SOURCE: Dept of Health and Human Services, effective
January 15, 2025, (90 FR 5917)

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.

STOP

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

I Verify: "I, the Parent/Guardian, 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 Parent/Guardian

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

Notary Public

***** AREA BELOW FOR JUDGE ONLY *****

☐ Application **DENIED**

Reason: _____

☐ Application **APPROVED**

Attorney Assigned : _____

Phone: _____

ON DATE: _____

BY JUDGE: _____