

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

<p>_____, Plaintiff, vs. _____, Defendant.</p>	<p>Case No. _____</p> <p style="text-align: center;"><b>FINANCIAL AFFIDAVIT OF DEFENDANT AND APPLICATION FOR COUNSEL</b></p>
--	--

**Is there any active Order of Protection** with respect to the parties?  YES  NO

If Yes, Name of the Protected Party/ies: \_\_\_\_\_

Name of Court & Date filed: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Can we contact you via email?  YES  NO

Mailing Address: \_\_\_\_\_  
*Street or PO Box City State Zip Code*

Residence *If different than Mailing*: \_\_\_\_\_

- 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 an application at any time. **(Go directly to last page and sign)**

Employment Status:  Unemployed  Yes, full time  Yes, part time \_\_\_\_\_ hours per week

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
*Street or PO Box City State Zip Code*

How much do you make, before taxes and deductions: \_\_\_\_\_ per  hour  month  year

Weekly take home pay, after taxes and deductions: \_\_\_\_\_

**Form 13-6103: Financial Affidavit and Application for Counsel**

How much have you made in the last 12 months from **any** source, before taxes or deductions: \_\_\_\_\_

Do you **pay** Child or Spousal Support?  YES  NO

If yes, how much? \_\_\_\_\_ per week/month

Do you **receive** Child or Spousal Support?  YES  NO

If yes, how much? \_\_\_\_\_ per week/month

Per Capita Received: \_\_\_\_\_ per month / quarter / other time period: \_\_\_\_\_

From Tribe: \_\_\_\_\_

Who do you all receive Per Capita for (including yourself)? \_\_\_\_\_

How many people are supported by or live with you? \_\_\_\_\_

Is your household a:  Single Family OR  Multi-Family

Do you receive Social Security/Unemployment?  YES  NO

If yes, how much? \_\_\_\_\_ per week/month

List all other money you may have coming in (All sources of Public Assistance, ADC, Heating Assistance, Food Stamps, etc): \_\_\_\_\_.

Does any person pay all or any portion of your current expenses?  YES  NO

If yes, who pays these costs and how much? \_\_\_\_\_.

2026 POVERTY GUIDELINES		Pursuant to <b>Section 7-2308</b> of the Tribal Code, <b>all orders for appointment of attorneys</b> at the Tribe's expense <b>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</b> , except that the Court need not require community service where the Court finds that the 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.
Persons in family/household	Poverty guideline	
1	\$15,960	
2	\$21,640	
3	\$27,320	
4	\$33,000	
5	\$38,680	
6	\$44,360	
7	\$50,040	
8	\$55,720	
<b>For families/households with more than 8 persons, add \$5,680 for each additional person.</b>		

**Form 13-6103: Financial Affidavit and Application for Counsel**

---

Do you believe that your family income is below the Federal Poverty guidelines (*See chart on previous page*) for your size of family?  YES  NO

Should these guidelines be deviated from?  YES  NO

If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_.

**\*\*PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY\*\***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Signed before me on \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 *Signature of Notary Public, State of* \_\_\_\_\_

*Tribal Court Staff Title:* \_\_\_\_\_

ISSUED STAMP

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

Application **APPROVED**

Assigned to: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Application **DENIED**

Reason: \_\_\_\_\_.

Date: \_\_\_\_\_

By Judge: \_\_\_\_\_