

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

<hr/> <b>Petitioner</b>  vs  <hr/> <b>Respondent</b>	Case No. _____  <b>APPLICATION FOR WAIVER OF COURT AND SERVICE FEES</b>
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**1. Request**

A. My name is \_\_\_\_\_.

B. For my Application, I state that:

*Check all that apply*

(1) ☐ I am unable to pay the filing fee or service costs or other court costs.

(2) ☐ I ask the Court for permission to proceed without prepayment of costs and fees.

(3) ☐ I am filing this Application in good faith.

C. My family size is \_\_\_\_\_ (Include self, spouse, minor children, and other dependents *in your household*).

D. My gross family income (before taxes & deductions) is \_\_\_\_\_.

E. Per Capita Received (list **per person**)

1. Person \_\_\_\_\_ \$ \_\_\_\_\_ per month/quarter/other \_\_\_\_\_  
From Tribe \_\_\_\_\_

2. Person \_\_\_\_\_ \$ \_\_\_\_\_ per month/quarter/other \_\_\_\_\_  
From Tribe \_\_\_\_\_

3. Person \_\_\_\_\_ \$ \_\_\_\_\_ per month/quarter/other \_\_\_\_\_  
From Tribe \_\_\_\_\_

4. Person \_\_\_\_\_ \$ \_\_\_\_\_ per month/quarter/other \_\_\_\_\_  
From Tribe \_\_\_\_\_

F. I have \$ \_\_\_\_\_ in cash, checking, and savings.

G. I have \$ \_\_\_\_\_ in other assets. (Ex. Property, equipment, vehicles)

H. Do you believe that your family income is below the Federal Poverty Guidelines for your size family? (See chart on next page) ☐ YES ☐ NO

2025 Poverty Guidelines for the 48 Contiguous States and D.C.		
Persons in family	Monthly (estimated)	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.

If no, please state why the Federal Poverty Guidelines should be deviated from

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

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

☐ Tribal Court Staff Title: \_\_\_\_\_

**\*\*\*Area Below for Judge Only\*\*\***

☐ APPROVED

☐ DENIED

Reason(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_

Judge's Signature \_\_\_\_\_