

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

<p>_____</p> <p>Petitioner</p> <p>vs</p> <p>_____</p> <p>Respondent</p>	<p>Case No. _____</p> <p>APPLICATION FOR WAIVER OF COURT AND SERVICE FEES</p>
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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

2026 Federal Poverty Guidelines

Persons in family/household	Poverty guideline	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 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.
1	\$15,960	
2	\$21,640	
3	\$27,320	
4	\$33,000	
5	\$38,680	
6	\$44,360	
7	\$50,040	
8	\$55,720	
For families/households with more than 8 persons, add \$5,680 for each additional person.		

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

****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 _____