

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;">FINANCIAL AFFIDAVIT OF DEFENDANT AND APPLICATION FOR COUNSEL</p>
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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? _____.

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.

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: _____