1 IN THE TRIBAL COURT OF THE CONFEDERATED TRIBES OF THE 2 GRAND RONDE COMMUNITY OF OREGON 3 4 In the matter of the) APPLICATION FOR WAIVER OF application of:) FILING FEES 5 6 Plaintiff/Petitioner 7 8 9 10 11 _____, am applying to the 12 Court for a waiver of the filing fee of \$. 13 The attached affidavit supports this application. 14 15 16 Signature of Applicant 17 Applicant's Contact Information: 18 19 Street City, State, Zip code 20 Phone Number 21 Email: 22 23 25 26 1- APPLICATION FOR WAIVER OF THE CONFEDERATED TRIBES OF GRAND RONDE FILING FEE

2 GRAND RONDE COMMUNITY OF OREGON 3 4) AFFIDAVIT IN SUPPORT OF In the matter of the) APPLICATION FOR WAIVER OF application of: 5 FILING FEES 6 Plaintiff/Petitioner 7 8 9 10 11 , affirm or swear that the following information is true and complete. 12 13 I intend to file a NAME OF PETITION OR COMPLAINT 14 I am unable to pay the filing fee at this time because: 15 16 17 1.8 Income & Assets: (If the space provided is insufficient, 19 attach another sheet) 20 A. Monthly income: 21 1. Wages or salary: \$ 22 2. Financial assistance programs: (List the amount, if any, received each month from all financial assistance programs.) 23 a. Supplemental Security Income and State Supplemental Payments Programs: \$ 24 b. Aid to Families with Dependent 25 Children: \$ c. Food Stamps: \$ 26 d. County/General Relief, General 1- AFFIDAVIT IN SUPPORT OF THE CONFEDERATED TRIBES OF GRAND RONDE TRIBAL COURT APPLICATION FOR WAIVER OF FILING FEES 9615 GRAND RONDE RD. GRAND RONDE, OR 97347

PHONE: (503)879-2303 FAX: (503)879-2269

IN THE TRIBAL COURT OF THE CONFEDERATED TRIBES OF THE

1

1	Assistance: \$			
2	e. Tribal Assistance: \$ f. Other (please explain): \$			
	1. Other (prease exprain). \$			
3	TOTAL MONTHLY INCOME:	\$		
4	B. Tribal Per Capita Payments: \$			
5	received: C. Tribal Timber Distributions: \$	How often		
6	received:			
7	D. List All other income received from all oth	er		
8	SOURCES.: (Include: alimony, child support, insurance, veteran's benefits, retirement benefits, rents, dividends, and interest)			
9	Source: Amount per month:			
10	a			
11	b \$			
12				
13	c			
14	E. Assets owned by applicant alone or jointly:			
15				
16	1. Real Property: (Describe and list the current mark other real property in which you have a legal interest			
17	Description: Current Market V	alue:		
18	a \$			
19	b\$			
, 20	c\$			
21	2. Bank Accounts: (List the name and location of the	bank, account number		
22	and the balance)			
23	Name & Location Account Number B	alance		
24	a\$			
25	b \$			
26	c\$			
-	2- AFFIDAVIT IN SUPPORT OF THE CONFEDERATED TRIBES OF GRAPPICATION FOR WAIVER OF FILING FEES GRAND RONDE, OR 9734 PHONE: (503)879-2303 FAX: (50	7		

1	3. Other Personal automobiles, boats, and inv	l Property: (List all other assets, including
2	aucomobiles, bodes, and inv	ved EMEATED)
3	Description of asset:	Current Market Value:
4	a	<u> </u>
5	b	<u> </u>
6	С.	
7		<u> </u>
8	4. Obligations:	
9	A. Dependents:	
10	Names of Dependents	Relationship to Applicant
11	a	
12	b	
13	С.	
14		
15		
16	e•	
17	B. Debts:	
18	Name of Creditor	Total Balance Monthly Payment
20	a.	
21	b.	
22	C.	
23		
24	d	·
25	e	
26		

GRAND RONDE, OR 97347 PHONE: (503)879-2303 FAX: (503)879-2269

³⁻ AFFIDAVIT IN SUPPORT OF APPLICATION FOR WAIVER OF FILING FEES

1	C. Monthly Expenses:		
2	1. Amount paid in rent or mortgage: \$ 2. Amount paid for food: \$		
3	3. Amount paid for transportation: \$4. Amount paid for utilities: \$5. Other (please explain): \$		
5			
6	TOTAL MONTHLY EXPENSES: \$		
7	D. Please list and explain any other relevant obligations		
8	such as education, medical, or debt servicing:		
9	Description of Obligation Total Obligation Monthly Obligation		
10	1\$\$		
11	2\$\$		
12	3\$\$		
13			
14 15 16	5. Acknowledgment: I affirm that this is a true and accurate representation of		
17	my financial resources and burdens.		
18	Signature of applicant Date		
20	State of		
22	County of		
23	Signed and sworn to before me this day of, 20		
24	·		
26	Signature of Notary Public		
	4- AFFIDAVIT IN SUPPORT OF THE CONFEDERATED TRIBES OF GRAND RONDE APPLICATION FOR WAIVER TRIBAL COURT OF FILING FEES 9615 GRAND RONDE RD.		

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CONFEDERATED TRIBES OF GRAND RONDE TRIBAL COURT WAIVER OF FILING FEES ELIGIBILITY REQUIREMENTS

Size of Family Unit	Gross Monthly Income
1	\$1584
2	\$2100
3	\$2477
4	\$2852
5	\$3228
6	\$3604
7	\$3884
8	\$4049
Each Additional member	\$225 per extra person

The above amounts set the maximum income allowed to be eligible for a waiver of filing fees.