



FORT MOJAVE TRIBAL COURT
 Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation
 Physical & Mailing Address:
 8492 South Highway 95, Mohave Valley, Arizona 86440
 Telephone: (928) 346-5200 Fax: (928) 346-5287

**COURT USE
ONLY**

PETITIONER: _____
 Address: _____
 City, State, Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____
 v.

Case Number

RESPONDENT: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____

Division: **CIVIL**

INDIGENT FEE WAIVER FORM

You must complete and return this form to the Clerk's Office when submitting your court documents; court documents WILL NOT BE PROCESSED until waiver is approved.

I, _____, the undersigned, declare the following:

SECTION 1

Affiant provides the following information:

1. Are you working? Y / N Name of Employer: _____

2. Net Income: _____ (Monthly)

3. List every source and amount of additional income: This includes child support, alimony, welfare, social security, worker's compensation, unemployment, food stamps, or disability.

4. List everyone that lives in your home:

Name	Relationship/Age	Net Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own your home? Y / N Value _____

6. List Checking, Savings or Money Market Accounts:

Institution	Type/Account No.	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List any other property of value (jewelry, real estate, etc.):

8. Amount of monthly house payment or rent: _____

9. List all indebtedness:

Creditor	Account No.	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List any extraordinary living expenses and amounts (such as regularly occurring medical expenses, prescriptions, childcare, etc.):

SECTION 2

Affiant states that (***select one of the following***):

- she/he represents herself/himself in this action.
- she/he is represented by counsel and counsel has not yet been paid.
- she/he is represented by counsel at no expense.

SECTION 3

The undersigned Affiant swears the information given herein is true and correct and understands that a false answer to any item may result in prosecution for contempt of Court.

This _____ day of _____, 20_____.

Affiant's Signature

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public or Clerk
My commission expires _____

Court Use Only

<input type="checkbox"/> Approved	Time: _____
<input type="checkbox"/> Denied	Time: _____

Reason for Denial:

Incomplete Information Other: _____

Date: _____ Judge: _____

Notification Petitioner Respondent
Date: _____ Clerk: _____