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| LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT | AFFIDAVIT AND ORDER SUSPENSION OF FEES/COSTS | CASE NO. |
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Court Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740 **Court telephone no. Court fax no.**
(231) 242-1462 (231) 242-1470,

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| Plaintiff/Petitioner name, address, and telephone no. | v | Defendant/Respondent name, address, and telephone no. |
| Plaintiff's/Petitioner's attorney, bar no., address, and telephone no. | | Defendant's/Respondent's attorney, bar no., address and telephone no. |

Probate In the matter of _____

AFFIDAVIT

1. The attached pleading is to be filed with the court by or on behalf of _____
Name
 applicant, who is plaintiff/petitioner. defendant/respondent.

2. The applicant is entitled to and asks the court for suspension of fees and costs in the action for the following reason:

a. S/he is currently receiving public assistance: \$ _____ per _____ Case No.: _____

b. S/he is unable to pay those fees and costs because of indigency, based on the following facts:

INCOME: _____
Employer name and address

_____ per week. month. two weeks.

Length of employment Average gross pay Average net pay

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc.

REIMBURSEMENT: It is understood that the court may order the applicant to pay the fees and costs when the reason for their waiver or suspension no longer exists.

Affiant signature

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of _____

AFFIDAVIT AND ORDER, SUSPENSION OF FEES/COSTS

CERTIFICATION OF ATTORNEY

1. I have reviewed the affidavit of indigency, and I certify that its contents are true to the best of my information, knowledge and belief.
2. I will bring to the court's attention the matter of suspended costs and fees and the availability of funds to pay them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding the affiant's financial status or alterations of the fee arrangement.

Date

Attorney signature

Attorney name (type or print) Bar no.

CERTIFICATION BY PERSON OTHER THAN PARTY

1. I have personal knowledge of the facts appearing in the affidavit.
2. The person in whose behalf the petition is filed is unable to sign it because of

minority: _____ other disability: _____
Date of birth Nature of disability

Relationship: _____

Date

Affiant signature

Affiant name (type or print)

Address

City, state, zip Telephone no.

ORDER

IT IS ORDERED:

1. Fees and costs in this action required by law or court rule are waived/suspended until further order of the court. Before any final disposition or discontinuance is entered, the moving party shall bring the fee and costs suspension to the attention of the judge for final disposition.
2. This application is denied.

Date

Judge