

**IN THE COMANCHE NATION TRIBAL COURT
DISTRICT COURT**

Application of: _____) Application No.: _____
)
)
) _____
(Applicant Name)) (Court Use Only)

PAUPER'S AFFIDAVIT
APPLICATION TO WAIVE FILING FEES

I, the below signed applicant, hereby state that I do not have sufficient funds to pay for the filing fee(s) associated with the below described cause of action.

(Description of petition and nature of action seeking to file)

I further provide the below financial information in support of my claim that I am unable to pay the filing fee(s).

1. Are you employed? Yes No. If so, who do you work for? _____

Salary or rate per hour: \$ _____ How long at this job? _____

2. Do you rent or own your residence? _____

How much is your rent or mortgage payment? \$ _____ per month.

List the names of the persons living with you and their relationship to you:

3. Financial Resources. List the following items:

a. Bank Accounts: \$ _____

b. Cash on Hand: \$ _____

c. Securities, Stocks, Bonds: \$ _____

d. Are you due a tax refund? Yes No. If so, how much? \$ _____

e. Are you due a tribal per cap disbursement? Yes No. If so, how much? \$ _____

f. Life Insurance Cash Value: \$ _____

g. Does anyone owe you money? _____ Yes _____ No. If so, who and how much?

\$ _____

\$ _____

\$ _____

\$ _____

h. Do you have any pending lawsuits for the recovery of money? No If so, list: \$

\$ _____

i. If you own any of the following, state the value:

Home \$ _____ Car \$ _____ Boat \$ _____
Jewelry \$ _____ Furniture \$ _____ Tools \$ _____
Appliances \$ _____ Equipment \$ _____

4. Expenses: List the debts you owe:

CREDITOR	BALANCE	MO. PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your average monthly utility bills?

Electricity \$ _____ Phone \$ _____
Water/Trash \$ _____ Gas \$ _____

5. Have you transferred or sold any property since this case was filed? _____ If so, describe the buyer, the property transferred, and the amount you received?

6. Do you have an attorney in this or any other pending civil or criminal case? _____ If so, what is the attorney name and how much have you paid the attorney?

_____ \$ _____

7. Do you have any friends and/or relatives who are able and willing to assist you in hiring an attorney and/or paying the costs of this case? _____ Yes _____ No. If so, have those persons been asked for help? _____ Yes _____ No.

I swear (or affirm under penalty of perjury) that I am without funds or other sources of income to pay an attorney and/or to pay the costs associated with this case. I have READ and UNDERSTAND the above sworn statement and understand that if it is knowingly false, a charge of PERJURY could be filed against me.

Sign Your Name

Print Your Name

Print Your Address

City, State, Zip Code

Print Your Phone Number

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____ My Commission Number: _____

ORDER RELATING TO COURT COSTS

It is ORDERED that the costs in the above described case shall be:

_____ Modified to \$ _____ at this time:

_____ Assessed before the final order is entered;

_____ Waived in full.

Dated: _____

Judge of the District Court