

**IN THE JUDICIAL COURT OF THE TOHONO O'ODHAM NATION
COURT**

_____,) Case No.: _____
 Plaintiff/Petitioner,)
 V.) FINANCIAL AFFIDAVIT AND REQUEST FOR
) DEFERRAL, REDUCTION, OR WAIVER OF
 _____,) COURT FEES
 Defendant/Respondent.)

INSTRUCTIONS: If you are simply requesting a deferral, check the box for “deferral” and only fill in your name, the date when you are able to pay the fee, and sign and date the form. If you are requesting a waiver or a reduction (with or without a deferral), check the appropriate box(es), fill out all sections, and sign and date the form.

I, _____, request a waiver of all court fees, or a deferral until _____ (date) and/or a reduction of all court fees and submit the following information.

1.	APPLICANT'S FULL NAME:	
2.	RESIDENCE: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Room/Board	
3.	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
4.	DEPENDENTS (number):	
5.	EMPLOYMENT INCOME (employer name, city):	
	Average take-home pay: <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks	
	\$ _____ weeks	
6.	OTHER INCOME: (State monthly amount and source, <i>i.e.</i> , DSS, VA, rent, pensions, spouse income, unemployment, etc.) \$ _____	
7.	ASSETS: (car, home, bank deposits, inmate accounts, bonds, stocks, livestock, etc.)	
8.	OBLIGATIONS: (Itemize monthly rent, other monthly payments, mortgage payments, child support, etc.)	
	\$ _____	
9.	PUBLIC ASSISTANCE: Please indicate which benefits you currently receive: <input type="checkbox"/> General assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Poverty related veteran's benefits <input type="checkbox"/> Temporary assistance for needy families (TANF) <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental security income <input type="checkbox"/> Other (describe):	
10.	OTHER INFORMATION:	
11.	CERTIFICATION: UNDER PENALTY OF PERJURY, I declare that I have examined the above statement made by me, and to the best of my knowledge, information, and belief swear that each and all are true and correct.	
Print Name	Signature	Date