

INTERTRIBAL COURT OF SOUTHERN CALIFORNIA

49002 Golsh Road Valley Center, California 92082

Phone: (760) 751-4142

Fax: (760) 751-3078



APPLICATION FOR FILING FEE WAIVER OR DEFERRAL

1. Applicant Information

Name: _____
Last First Middle

Mailing address: _____
Street
City State Zip

Phone number: _____

2. Case Information

Case name: _____

Case number: _____

Tribe: _____

3. Application for Filing Fee Waiver (if requesting a deferral, complete item 4)

Please note that an applicant is eligible for a filing fee waiver only if the applicant qualifies under the federal poverty guidelines, which may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

I request that the Court waive the filing fee in the above-named matter based on the following:

Occupation: _____

Employer: _____

Employer’s mailing address: _____
Street
City State Zip

Number of people in household: _____

Monthly Household Income (Gross)	Monthly Household Expenses	Household Assets
Earnings/Wages:	Rent:	Cash in Hand:
Pension/Retirement:	Utilities:	Cash in Checking:
Social Security/SSI:	Insurance:	Cash in Savings:

Unemployment:	Food:	Credit Cards:
Disability/IGA:	Clothing:	Personal Property:
TANF/AFDC:	Other:	Vehicle:
Total Income: \$	Total Expenses: \$	Total Assets: \$

4. Application for Filing Fee Deferral (if requesting a waiver, complete item 3)

Please note that an applicant is eligible for a filing fee deferral only if deferral is permitted by the applicable tribal law.

I request that the Court defer the filing fee in the above-named matter for the following reasons:

5. Applicant Signature

I affirm that the statements set forth above are accurate and complete to the best of my knowledge.

Signature

Date