

**INTERTRIBAL COURT OF SOUTHERN CALIFORNIA**

49002 Golsh Road Valley Center, California 92082

Phone: (760) 751-4142

Fax: (760) 751-3078

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**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: \_\_\_\_\_

<b>Monthly Household Income (Gross)</b>	<b>Monthly Household Expenses</b>	<b>Household Assets</b>
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:
<b>Total Income: \$</b>	<b>Total Expenses: \$</b>	<b>Total Assets: \$</b>

**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:

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**5. Applicant Signature**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date