

AFFIDAVIT OF INDIGENCY

I, _____, being duly sworn upon by oath, say:
(Your Name)

1. I am unable to pay the costs of this action.
2. My family unit consists of _____ people (1 Self + _____ children + _____ adults)
3. My family unit has an average **monthly** income of \$ _____, including (check all)
 Employment \$ _____ Food Stamps \$ _____ Medicaid
 Child Support \$ _____ SSI \$ _____ TANF \$ _____
 Other _____ Other _____
4. I receive no income from other sources.
5. My family unit's average **monthly** expenses are \$ _____, which include
Rent \$ _____ Heating \$ _____ Lights \$ _____ Trash \$ _____
Phone \$ _____ Child Care \$ _____ Food (**Do not include food stamps**) \$ _____
Alcohol \$ _____ Cigarettes \$ _____ Car, insurance & gas for car \$ _____
Other (explain) \$ _____ Other (explain) \$ _____
6. I own no real or personal property of more than nominal value.
7. I wish to add the following for consideration.

8. The phone number where I may be contacted at is _____.
9. **I understand that a false statement or answer to any questions in this Affidavit may subject me to penalties of perjury.**

Your Signature

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

Notary

Commission Expires

FOR COURT USE ONLY

- Approved by Judge _____ (date)
 Denied by Judge _____ (date)

Ruthanne Gallup, Tribal Court Administrator