

IN THE SOUTHERN UTE INDIAN TRIBAL COURT  
ON THE SOUTHERN UTE INDIAN RESERVATION

\_\_\_\_\_) ) CASE NO. \_\_\_\_\_  
Plaintiff/Petitioner, )  
)  
vs. )  
)  
\_\_\_\_\_) ) MOTION TO WAIVE FEE(S)  
Defendant/Respondent, )

I am the \_\_\_\_\_ Plaintiff/Petitioner \_\_\_\_\_ Defendant/Respondent in this case, and I am asking the Court to waive the following fee(s):

- \_\_\_\_\_ Filing fee
- \_\_\_\_\_ Costs of service
- \_\_\_\_\_ Jury demand fee
- \_\_\_\_\_ Counter-claim fee
- \_\_\_\_\_ Appeal fee

I do not believe that I can afford to pay the fee(s) indicated above. In support of my request I am submitting the attached financial affidavit.

\_\_\_\_\_  
signature \_\_\_\_\_ date

\_\_\_\_\_  
printed name

ORDER

Having reviewed the foregoing Motion to Waive Fee and the attached financial affidavit, the Court enters the following Order:

- \_\_\_\_\_ The Motion to Waive Fee is granted.
- \_\_\_\_\_ The Motion to Waive Fee is denied.
- \_\_\_\_\_ A hearing is required. (Notice of Hearing attached.)

DONE AND SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
JUDGE

AFFIDAVIT REGARDING INABILITY TO PAY REQUIRED FEES

Employment

Are you or any member of your household now employed \_\_\_ Yes  
\_\_\_ No IF YES state names of who is employed \_\_\_\_\_

Name(s) and address(es) of employer(s) \_\_\_\_\_  
\_\_\_\_\_

IF YES how much do you or any other member of your household  
earn every pay period \_\_\_\_\_

IF YES how often do you or any other member of your  
household get paid \_\_\_\_\_

IF NO, when were you or any other member of your household  
last employed \_\_\_\_\_

Other Income

Within the last twelve months have you or any member of your  
household received any dividend payments (per capita, stock,  
bonds, etc.); any lease or royalty payments (property,  
oil, gas, etc.); income from self employment (wood cutting,  
fence building, child care services, etc.); any distribution  
from the sale of any property ( both real and personal );  
inheritance monies; child support payments; disability  
payments; retirement benefits; AFDC assistance; social  
security benefits; veterans benefits; monies from any other  
type of governmentally funded program ( commodities, food  
stamps, etc.); or any other type of recognized income  
(alimony, bingo or lottery winnings, etc.)? \_\_\_ Yes \_\_\_ No  
IF YES please list the amount(s) received and the source of  
the income \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

Cash

Do you or any members of your household have any cash on  
hand or money in any financial institution (savings account,  
checking account, IRA account, etc) \_\_\_ Yes \_\_\_ No IF YES  
please list the amount(s) \_\_\_\_\_

Property

Do you or any members of your household own any real estate,  
stocks, bonds, vehicles, farm or ranching equipment,  
livestock, tools, or other property of value (excluding  
ordinary household furnishings and personal clothing)?

\_\_\_\_\_ Yes \_\_\_\_\_ No IF YES please give the estimated value and description of the property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

**Obligations**

List only those individuals you actually support and your relationship to them \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet is necessary)

**Debts & Monthly Bills**

List your monthly expenses along with the nature of the expense \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

I swear under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Signature of Defendant

**WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY A FINE OR IMPRISONMENT, OR BOTH.**