QUINAULT TRIBAL COURT

AFFIDAVIT OF ELGIBILITY AND

REQUEST FOR COURT APPOINTED COUNSEL

I am requesting appointment of counsel in this case because I cannot pay for an attorney without causing substantial hardship to myself or to my dependent family. The following information is complete and accurate to the best of my knowledge and I acknowledge that I may be required to verify this information. I understand that incorrect information can result in the denial of my request or the withdrawal of counsel if already appointed and that I may be charged with a crime and incarcerated if convicted.

1. Date of Application:_____
2. Client Name (Last, First Middle)._____
3. Date of Birth _____
4. Address (include mailing and physical) _____

   _____
5. Home Phone:_____ Work Phone:_____

   Message Phone:_____Cell:_____
6. Persons living in same dwelling as you:

   Name:_____Relationship to you:_____

   Name:_____Relationship to you:_____

   Name:_____Relationship to you:_____

   Name:_____Relationship to you:_____

Name:_____Relationship to you:_____

Name:_____Relationship to you:_____

7. **Employment and Income**

Employment information for everyone living in the same dwelling as you.

The Quinault Nation has passed a resolution requiring applicants to be below a specific income in order to qualify for a waiver. You application will not be considered without the information requested below.

a. Present Employer: _____

Address/Phone No.: _____

b. Hourly wage $ _____ Hours per week: _____

c. Net Monthly Income: $ _____

d. Other Income for you, spouse, dependents or household members such as employment of spouse/household members, social security, tribal per capita or bonus, treaty fishing, unemployment, retirement, public assistance, child support, GA/TANF, etc.

Source of Income Who Receives	How Long Received	How Often Received	Amount
			$
			$
			$
			$
			$
			$
			$

Quinault Indian Nation Eligibility Worksheet

Persons in family/household	Poverty guideline	150% of Poverty guideline	250% of Poverty guideline
1	14,580	21,870	36,450
2	19,720	29,580	49,300
3	24,860	37,290	62,150
4	30,000	45,000	75,000
5	35,140	52,710	87,850
6	40,280	60,420	100,700
7	45,420	68,130	113,550
8	50,560	75,840	126,400

For families/households with more than 8 persons, add $5,140 for each additional person.

"Income" above refers to "modified adjusted gross income".
For most people, it's the same or very similar to "adjusted gross income"

ACKNOWLEDGEMENT

I certify and affirm that I have read the information contained in this form, personally completed this application or requested its completion and that all statements contained herein are true and complete. I understand that I may be required to provide documentation of income and or to sign a Release of Information form before a decision is made if the Judge so requests.

Signed this _____ day of _____, 20____.

_____

Signature of Applicant