

IN THE TRIBAL COURT OF THE QUINULT INDIAN NATION

_____	)	
	)	CASE NO.
	)	
PETITIONER,	)	MOTION AND ORDER
	)	WAIVING COSTS AND FEES
	)	
_____	)	
RESPONDENT,	)	
_____	)	

MOTION

Under oath I state that because of poverty, I am unable to pay the costs of this action, proceeding or appeal, or to give security for those costs, and request waiver of those costs. I am attaching a copy of my pleading in this matter and a copy of an application of eligibility.

I understand that if my income, financial or economic situation changes, I must notify the Court immediately.

Date: _____.

Signature of Petitioner

Signature of Petitioner's Advocate/Attorney

Subscribed and sworn to before me
this ____ day of _____, 20__.

Court Clerk or Notary Public
My Commission Expires _____

ORDER

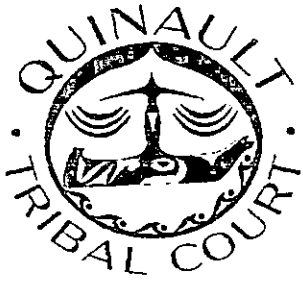
Based on the attached application of eligibility,

It is ORDERED pursuant to the Quinault Rules of Civil Procedure that the motion is approved.

IT IS FURTHER ORDERED that the Clerk of this Quinault Tribal Court accept for filing and file all papers without first requiring payment of any filing fee.

Dated this ____ day of _____, 20__.

Judge, Quinault Tribal Court



QUINALT TRIBAL COURT
APPLICATION OF ELIGIBILITY
FOR A WAIVER OF FILING FEE

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 information for everyone living in the same dwelling as you? (including treaty fishing, fireworks and per capita.) The Quinault Nation has passed a resolution requiring applicants to be below a specific income in order to qualify for a fee waiver. Your application will not be considered without the information requested below.

Name: _____ Job: _____ Annual Income: _____

Name: _____ Job: _____ Annual Income: _____

Name: _____ Job: _____ Annual Income: _____

Name: _____ Job: _____ Annual Income: _____

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.			