

**IN THE COURT OF APPEALS OF THE CONFEDERATED
TRIBES OF THE COLVILLE RESERVATION**

<p>_____ / Appellant,</p> <p>vs.</p> <p>_____ / Appellee.</p>	<p>Case No. AP ____ - _____</p> <p>MOTION and AFFIDAVIT FOR AN ORDER REDUCING/WAIVING FILING FEE</p>
---	--

I. MOTION

The above-named Appellant moves the Court for reduction/waiver of the filing fee herein based on the following affidavit.

II. AFFIDAVIT

I swear and affirm that:

1. I am the above-named appellant in this matter;
2. There are _____ people in my household. Of those people, _____ are my dependents and of those dependents, _____ are minors.
3. The following are the current **monthly** sources of income for the household where I live: *(include anyone living in the home, estimate amounts if not known.)*

Type of Income	SELF	SPOUSE/SO	OTHER ADULTS
Employment	\$	\$	\$
Unemployment	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$
Pensions	\$	\$	\$
VA Benefits	\$	\$	\$
Child Support/ Alimony	\$	\$	\$
AFCD/GA	\$	\$	\$
Other	\$	\$	\$
TOTALS	\$	\$	\$

*NOTE: if you enter **\$0.00** as total income, your affidavit might not be considered accurate and your motion could be denied unless you can provide compelling justification in #5 below.*

4. I have the following **monthly** expenses and bills:

A. Medical	\$	B. Child Care	\$
C. Transportation	\$	D. Job expenses	\$
E. Fixed debts	\$	F. Unpaid taxes	\$
G. Other (please state what expenses they are and how much each is):			
_____		\$	_____
_____		\$	_____
_____		\$	_____
TOTAL \$ _____			

5. I am not able to pay the full amount of the \$50.00 filing fee because:

_____.

6. If the Court reduces the amount of the filing fee I feel I would be able to pay \$ _____ instead of the full \$50.00.

If any further information is necessary, I can be reached at:

Address _____

City/State/Zip _____

Phone (w/area code) _____

Respectfully submitted this _____ day of _____, 20_____.

Signature of Appellant