IN THE APPELLATE COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE FLATHEAD NATION, PABLO, MONTANA

) CAUSE NO
VS.	Appellant,) MOTION FOR LEAVE TO) PROCEED IN FORMA) PAUPERIS)
)
	Appellee.)
COMES NOW, _		, the Appellant
in the above-entitled matter	, hereby mo	ves this Court for an Order pursuant
to Part 9, Rule 11 of the Rul	es of Appella	ate Procedure, to proceed in forma
pauperis without the payme	nt of the \$2	5.00 filing fee and any other court
costs.		
DATED this	day of	, 20
		Appellant's Signature

IN THE APPELLATE COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE FLATHEAD NATION, PABLO, MONTANA

			CAUSE NO
		Appellant,) vs.	AFFIDAVIT OF INABILITY TO PAY FILING FEE AND OTHER COSTS
		Appellee.	
State of	Montana)	
County):ss ty of)		
Being fir 1. 2. 3.	I am the Appe I have a good pay the filing f	llant in the abov	wear or affirm that: ye-entitled matter; a real need for, but am unable to cessary for an appeal; f the following:
Date		Appella	ant's Signature
	JBSCRIBED AND , 2		ore me this day of
		Residir	RY PUBLIC, STATE OF MONTANA ng at: mmission Expires:

CONFEDERATED SALISH AND KOOTENAI TRIBES COURT OF APPEALS APPLICATION TO PROCEED IN FORMA PAUPERIS

INSTRUCTIONS

GENERAL INFORMATION

- ♦ All Sections of this application must be completed! *DO NOT SKIP ANY SECTIONS.
- ♦ An application with all zeros will not be processed: Filling out all zeros will not be accepted on this form- you must provide complete household Income, Asset, Expense and Debt information for all household members. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review.
- ◆ Proof of ALL household income <u>is required</u>: You must provide income documentation for all household members (other than roommates) with Paystubs, Monthly Bank Statements, Unemployment, Food Stamps/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement and Financial Aid Benefit statements, etc. *Provide all that apply. **If you have no documentation you must provide a written explanation.
- Further documentation: in the case of a Hardship qualification, further documentation may be requested. You will be notified when this is required.
- ◆ *Presumptive Eligibility: If proof/documentation is provided for an applicant's household which currently qualifies for TANF, Food Stamps/SNAP and/or SSI/SSDI, you may skip Sections I. through III. and proceed directly to Section IV.
- **Students** please include Financial Aid Benefit information as <u>Other Income</u> and state that in the area provided.
- ♦ ATTACH THIS FORM WILL ALL SUPPORTING DOCUMENTS TO YOUR MOTION FOR IN FORMA PAUPERIS AND FILE WITH THE APPELLATE COURT, ACCORDING TO THE CSKT APPELATE CODE.

*FAILURE TO COMPLY WITH THESE INSTRUCTIONS AND PROVIDE A <u>COMPLETE</u> APPLICATION AND/OR REQUESTED DOCUMENTATION MAY RESULT IN THE DENIAL OF YOUR REQUEST.

CONFEDERATED SALISH AND KOOTENAI COURT OF APPEALS

APPLICATION TO PROCEED IN FORMA PAUPERIS

*All sections must be complete - REFER TO INSTRUCTIONS ON BACK. *Proof of all household income required. *Further documentation may be required.

Name of Applicant		Date	Date of Birth		Email					
Street Address		Mailing address		Court						
City, State, Zip										
Primary Phone #		Additional Phone #			Case Number(s)					
Name(s) of <u>ALL</u> Other Persons Living in Household		Relationship	Total # In Household							
					Marital Stat	us: 🗆 Single 🗆 Mar	ried 🗆 Se	eparat	ed 🗆 Divorced	
					*Presumptiv	Eligibility: Check all that apply				
			Total #			TANF Food Stamps/		-		
			Children		*Proof/Documentation required - If provided, proceed to Section IV.					
	T -			1 -		T				
I. Gross Monthly Income	Amount	II. Monthly Expen		Amount			II. Assets			
Applicant - Gross Wages	\$	Mortgage □ Rer		\$		Location(s) of Real Es	tate Owned	:		
Applicant Employer Name/School:		Utilities- Gas ,Elect	ric, et			Malan C. Ada	Value:\$ Mortgage:\$ Equity:\$			
Canada (Cinai Finant Other		Phone		\$			Value:\$ Mortgage:\$			
Spouse/Significant Other	\$	Food		\$			rtgage:\$		Equity:\$	
Spouse Employer Name/School:		Child Care		\$			Motor Vehicles, Motorcycle, ATV,			
		Vehicle Loan Paym	ents	\$		Year/Make/Model	· · · · · · · · · · · · · · · · · · ·		Net Value	
Parents (if same household)		Gas- Vehicle		\$			\$		\$	
Other Household Members	\$	*	yroll Taxes Withheld \$			\$		\$		
Self- Employment	\$		arnishment \$		\$			\$		
Food stamps/SNAP	\$	Child Support Paid \$			\$	1.	\$			
TANF □ WIC □ □ Social Security □ SSI □ SSDI	\$	Insurance- Health		\$		Cash on hand Checking Account(s)		\$		
Vet Benefits/% Disability	\$	Insurance- Vehicle \$ Cable/Satellite/Internet \$			Savings Account(s) \$					
· · · · · · · · · · · · · · · · · · ·	\$		emet	·	Payment	Savings Account(s) Business Account(s)		\$		
Unemployment		Other Liabilities: Total Del			-	` '		<u> </u>		
Worker's Compensation Pension/Retirement	\$	Medical \$ \$		•	Personal Property Sporting Equipment			\$		
Child Support Received	\$	Court Food/Fines \$ \$			Stocks/ Bonds/ Funds/Trusts/CD		\$			
Rental Income	\$	Credit Cards	Court Fees/Fines \$ \$		Tools		\$			
Other Income:	\$	Other:	\$ \$		Animals/Livestock		\$			
Office Use Only:	7	Office Use Only:		\$ \$				7		
Total Monthly Income	\$	-Total Expense/Pa	ymen	ts \$	= \$	Office Use Only: Total Assets		\$		
IV. Eligibility- False Swearing										
I,, believe I am financially unable to pay the costs and fees of my appeal. For determining my eligibility, I swear, under oath, that the foregoing information is complete, correct and accurate. I understand the questions on this application and the penalty for giving false information or hiding information. I understand that I may be required to pay back all or part of the fees if I withhold information from the Court about my income, assets or expenses.										
I certify under penalty of perjury or false swearing, that the information given is complete, correct and accurate.										
Signature of Applicant Date				N	Notary Date			Date		
Office use only:										
Received:										
	:	Co			urt Administrator Date					
Notes:										
Notes:										

CERTIFICATE OF MAILING

and correct copies of the MC PAUPERIS AND AFFIDAVI OTHER COSTS to the perso below by depositing same in	, do hereby certify DTION FOR LEAVE TO PROCIT OF INABILITY TO PAY Fons first named therein at the the U.S. Mail, postage prepa	CEED IN FORMA ILING FEE AND addresses shown id, or hand-
delivered this day of _	, 20	_·
	Signature	