IN THE NOOKSACK TRIBAL COURT FOR THE NOOKSACK INDIAN TRIBE DEMING, WA

In re:	Com No.
DOB(s)	
Plaintiff(s)/Pe	FEE titioner(s),
Defendant(s)/Resp	ondent(s).
the filing fee for the above-referenced achardship. In support of this motion, I pro 1. My employment status is: □ Employed full time □ Empl □ Disabled and unable to work □ Other:	etion because payment of this fee would be a financial ovide the following information: loyed part time Unemployed
☐ Savings account balance: \$_☐ Auto valued at approximately: \$_☐ Home valued at approximately: \$_☐ Other:	I that apply):
1 ,	☐ TANF ☐ General Assistance ☐ No Income
4. My monthly income from all sources	is approximately: \$
5. My monthly expenses are approximate	tely: \$

6. Names (or, if under 18 years of age, initials of support, my relationship with each person, and	only) of all persons who are dependent on me for and how much I contribute to their support:
7. Other information I would like the Court to t	ake into consideration in support of this request:
dismissal of my claims.	
Party's signature	Date
Print name	
Co-Party's signature (if applicable)	Date