



**MASHPEE WAMPANOAG TRIBAL COURT
AFFIDAVIT OF INDIGENCY
AND REQUEST FOR WAIVER OF FEES & COSTS**

By order of the Mashpee Wampanoag Tribal Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.

_____)
_____)
v. _____)
_____)
_____)

Case No. _____

Name of Applicant: _____

Address: _____

Mailing Address (if different): _____

SECTION 1: I swear or affirm I am indigent in that (check only one):

___ I receive public assistance under

- Transitional Aid to Families with Dependent Children (TAFDC)
- Emergency Aid to Elderly, Disabled or Children (EAEDC)
- Supplemental Security Income (SSI)
- Medicaid (MassHealth)
- Massachusetts Veterans Benefits Programs

___ My personal take home pay from all employment sources is _____ per year. There are _____ persons living full time in my household. Other income for my household (rent from boarders, etc.) is _____.

___ I acknowledge receipt of a copy of the *Mashpee Wampanoag Tribal Court Waiver of Court Fees* Guidelines for the current year and my income falls below the Guidelines.

Please provide documentation to verify ALL household income.

SECTION 2: I request that all fees and costs, as set forth on the attached Mashpee Wampanoag Tribal Court Fee Schedule be waived by order of the Court. I understand that even if these Court fees and costs are waived, other litigation costs will be my responsibility. The costs may include, but are not limited to attorney's fees, expert witness fees and discovery costs.

SECTION 3: I swear of affirm that the above information supplied by me is true and correct and that I understand that I remain personally responsible for all other costs of litigation. I further understand that I sign this document under the pains and penalties of perjury.

Date

Signature