



San Manuel Tribal Court
 San Manuel Indian Reservation
 3214 Victoria Avenue
 Highland, CA 92346
 Phone: (909) 907-6920

IN THE TRIBAL COURT OF THE SAN MANUEL INDIAN TRIBE

Petitioner's Name/Address/Email _____ _____ _____ _____ _____	Respondent's Name/Address/Email _____ _____ _____ _____ _____	_____ <p style="text-align: center;">Case Number APPLICATION FOR WAIVER OF COURT FEES AND ORDER</p>
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The following proceeding or action occurred on the below stated date in the Tribal Court.

Review of Financial Waiver Request

The Court Found and Ordered

- Approved Waiver
- Approved Waiver for the following: _____ %
- Denied Waiver for the following reasons:

Dated this _____ day of _____, 20_____.

 Judge of the Tribal Court

Name of Petitioner

Case Number

Financial Statement Questioner Request

The San Manuel Band of Mission Indians Tribal Court needs to know about your financial situation to determine whether you are eligible for waived filing fees. Answer the questions carefully; you could face punishment for prosecution and perjury. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty or prosecution for perjury if it is determined that I did not tell the truth.

Financial Statement:

Assistance:

Health Care

Name:

Food Stamps

Commodities:

Other:

State received in:

Monthly Income:

1. What is your monthly income? (Include: Spousal income, Employment, Social services, General assistance.)

2. Source of all income:

3. Do you have bank accounts? Yes No

If yes, what is the balance in the accounts?

Checking:

Savings:

Other:

Total of all accounts:

3. Are you employed? Yes No

If yes, Employer's Name:

4. Do you own your home? Yes No

If yes, what is the value: \$

5. Do you rent? Yes No

If yes, what is your monthly payment: \$

6. How many in the household?

Names and ages of those living in the household:

7. Are there any existing hardships?

8. Is there any other information that you would like the Court to know?

I authorize the San Manuel Band of Mission Indians Tribal Court to investigate the above statements. **The undersigned swears or affirms that the statements set forth above are true, correct, and complete to the best of my knowledge and are subject to penalties of making a false affidavit or declaration.**

Petitioner

Date

SAN MANUEL BAND OF MISSION INDIANS TRIBAL COURT

WAIVER OF FILING FEE GUIDELINES

1. **Fees**

The Chief Judge may waive all or part of the filing fee upon the plaintiff/petitioner's showing of undue hardship. A Waiver of Fee Application must be completed.

Complaint or other first paper (amount over \$7,500.00)	\$200.00
Complaint or other first paper (amount less than or equal to \$7,500.00)	\$100.00
Amended Complaint	\$50.00
General Civil Motion	\$ 40.00

2. **Purposes**

- A. To establish a standard of income eligibility for petitioners consistent with the ability to pay.
- B. To make payment of fees consistent for persons in similar circumstances.
- C. To give petitioners and the court guidance in the granting of a waiver of fees.

3. **Premises**

- A. The income eligibility guidelines are based upon the 2022 Federal Poverty Guidelines.
- B. The court may deviate from the guidelines based upon individual circumstances as indicated on the Application for Waiver of Court Fees.

4. **Chart**

Column A Persons In Family or Household	Column B Monthly Under	Column C Monthly Income At Least But Not Greater Than	Column D Monthly Income Greater Than
1	\$ 1,133	\$1,134 – 1,416	\$1,417
2	\$ 1,526	\$1,527-1,907	\$1,908
3	\$ 1,919	\$1,920-2,399	\$2,340
4	\$ 2,313	\$2,314-2,891	\$3,076
5	\$ 2,706	\$2,707-3,382	\$3,599
6	\$ 3,099	\$3,100-3,874	\$3,875
7	\$ 3,493	\$3,494-4,366	\$4,645
8	\$ 3,886	\$3,887-4,857	\$5,168
For each additional person add	\$ 360		

5. **Waiver**

- A. If income falls within Column B, 100% of fee waived
- B. If income falls within Column C, 80% of fee waived
- C. If income falls within Column D, no waiver of fee granted