



Judicial Branch of the Crow Tribe

CROW TRIBAL COURT

P.O. Box 489 Crow Agency, Montana 59022
Telephone: 406-638-7400 Fax: 406-638-7415

POLICY OF FEE WAIVERS

February 25, 2015

Indigent Questionnaire

1. You must fill out the questionnaire and answer ALL questions. DO NOT LEAVE ANYTHING BLANK. If a question does not apply, please write N/A.
2. Please make sure you sign and date the bottom of the questionnaire. You are the “movant” in this matter.

Submission of Documents

If applicable, you must list and submit the following documents if you are applying for a fee waiver:

1. **Verification of TANF benefits (last 3 months)**
2. **Verification of Unemployment Benefits (last 3 months)**
3. **Last pay stub if you were employed within the last six (6) months**
4. **List any other monetary benefits you receive including social security, disability, etc.**
5. **If you receive lease payments, please state months you receive the payments, and the amounts you receive.**

Do not include tribal per capita payments

Your motion for a fee waiver and filing document cannot be taken unless the applicable documents above are attached.

Employed Persons

Employed persons may be considered for fee waivers IF they below OR are close to falling below the current HHS Poverty Guidelines. If one is close to falling below the current HHS Guidelines, a partial fee waiver may be considered.

Case No: _____ Date: _____

INDIGENT QUESTIONNAIRE

1. Name: _____ DOB: _____
2. Mailing address: _____
City _____ State _____ Zip Code _____
Street Address (must be completed): _____

Who else resides in the same household? (must be completed): _____

3. Telephone: _____ Single Married Divorced Separated
4. Employed? Yes No Self-Employed? Yes No
 - a.) Employers' Name: _____
 - b.) Employers' Address: _____
 - c.) Employers' Phone #: _____
 - d.) Your gross monthly employment income: _____
5. If unemployed, when were you last employed? _____
Job held: _____ Employer: _____
6. Dependents? Spouses Name: _____ # of Children _____
Others (Specify) _____
7. Are you sharing expenses with anyone? Yes No
Explain: _____

8. Do you have any other income from other sources? Yes No Monthly \$ _____
Sources: I.e. AFDC, Food Stamps, housing subsidy, etc. _____

9. Do you have a car? Yes No Year/Make/Model: _____
Is it paid for? Yes No If answered no, how much do you owe? \$ _____
10. Do you own any land or real estate? Yes No
Are you buying any land or other real estate? Yes No
 - a. What is its' approximate value? \$ _____
 - b. How much did you pay for it? \$ _____
 - c. Is it paid for? Yes No
 - d. If answered no, how much do you owe? \$ _____
11. Do you have any:
 - a. Cash or savings? Yes No If yes, what is the amount? \$ _____
Name of bank _____
 - b. Checking accounts? Yes No If so, what is the balance? \$ _____
Name of bank _____
 - c. IIM-OST account? Yes No Value \$ _____
 - d. Retirement? Yes No Value \$ _____
12. Describe any other property that you own (i.e. horses, cattle, trailer, boat, camper, guns, tools, collections, etc.) _____

Date: _____ Movant: _____

**IN THE CROW TRIBAL COURT IN AND FOR THE CROW RESERVATION
PO BOX 489 CROW AGENCY MT 59022**

<p>_____ PLAINTIFF</p> <p>VS</p> <p>_____ RESPONDENT</p>	<p>CASE NO. _____</p> <p>MOTION AND AFFADAVIT FOR FILING FEE WAIVER AND/OR OTHER COSTS AND ORDER</p>
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The undersigned under penalty of perjury do swear and affirm the following:

1. I am the Petitioner/Respondent (circle one) in this proceeding.
2. The cause of action is _____ and I am unable to pay the filing fee or other fee required to “move” the court in this case.
3. I understand that the Crow Tribal Court cannot waive fees/costs for any other agency or entity that fall outside the jurisdictional authority of the Crow Tribal Court that may become associated with this case.
4. Attached is my “Indigent Questionnaire” which is complete, and true and correct to the best of my knowledge.
5. Therefore, I request the court issue an order waiving any filing fees required of me to move the court in the above entitled case.

SIGNATURE OF MOVING PARTY

DATE

SUBSCRIBED AND SWORN TO ME ON THIS _____ DAY OF _____, 20__

SEAL

Court Clerk

ORDER

Having considered the motion and affidavit by the above moving party, the Court hereby orders that the motion is:

1. _____ Granted
2. _____ Partially Granted. The moving party is required to pay \$_____ of the costs.
3. _____ Denied. _____

IT IS FURTHER ORDERED that if the moving party was partially granted or denied costs, payment shall be made within 15 business days of this order or this case shall be dismissed.

Dated: _____

Judge, Crow Tribal Court

SEAL

Court Clerk