



**IN THE TRIBAL COURT OF THE SAN MANUEL INDIAN TRIBE  
SAN MANUEL INDIAN RESERVATION**

3214 Victoria Ave  
Highland, CA 92346  
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Petitioner's Name and Address _____ _____ _____ _____	Respondent's Name and Address _____ _____ _____ _____	_____ Case Number <b>APPLICATION FOR WAIVER OF COURT FEES</b>
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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: Receiving assistance for:

1. Health Care: \_\_\_\_\_ Name: \_\_\_\_\_
2. Food Stamps: \_\_\_\_\_
3. Commodities: \_\_\_\_\_
4. Other: \_\_\_\_\_
5. 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? \_\_\_\_\_ 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? \_\_\_\_\_ If yes, what is the value \$ \_\_\_\_\_

5. Do you rent? \_\_\_\_\_ 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.**

Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires Notary Public/Court Clerk



## 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

- B. The income eligibility guidelines are based upon the 2018 Federal Poverty Guidelines.
- C. 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	Column B	Column C	Column D
Persons In Family or Household	Monthly Under	Monthly Income At Least But Not Greater Than	Monthly Income Greater Than
1	\$ 1,012	\$1,012 – 1,346	\$1,396
2	\$ 1,372	1,372-1,824	1,893
3	\$ 1,732	1,732-2,303	2,390
4	\$ 2,092	2,092-2,782	2,887
5	\$ 2,452	2,452-3,261	3,383
6	\$ 2,812	2,812-3,740	3,880
7	\$ 3,172	3,172-4,218	4,377
8	\$ 3,532	3,532-4,697	4,874
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