
WIND RIVER TRIBAL COURT
 Shoshone and Arapaho Tribes
 Wind River Indian Reservation
 P.O. Box 608
 Fort Washakie, Wyoming 82514
 307-332-6702

IN THE MATTER OF: _____)
)
 _____,)
 PETITIONER/PLAINTIFF)
)
 vs.) CASE NO.: _____
)
 _____)
 RESPONDENT /DEFENDANT)

AFFIDAVIT OF INDIGENCY

COMES NOW _____ (print your name),
 Petitioner/Respondent (circle one) in this case, hereby swears under oath that, to the best of his or her
 knowledge, the following accounting of their current financial situation is true and accurate.

I. Sources of Income

Please check one:

1. I am currently unemployed.
2. I am employed by: _____
 And my current salary is: \$ _____ per _____.

I have following **other** sources of income (include **all** public assistance, social security disability, per capita, or any other income not included in your employment income):

II. Assets

Please check one:

1. I have no current bank accounts in which I have any money stored.

2. I have the following bank accounts (attach additional pages if necessary):

Name of Bank/Credit Union	Type of Account	Amount in Account
		\$
		\$
		\$
		\$

Please check one:

1. I do not own any real and/or valuable property.

2. I own the following valuable property (attach additional pages if necessary, and include real estate, stocks, bonds, notes, automobiles, and other valuable property, but **do not include** ordinary household furnishings and clothing):

Property	Value
	\$
	\$
	\$
	\$

III. Liabilities

Please check one:

1. I do not have any outstanding debts to any person or other entity.

2. I owe the following debts (attach additional pages if necessary, and include credit cards, car loans, home loans, bail bonds, etc):

Type of Debt	Owed To	Current Balance
		\$
		\$
		\$
		\$

IV. Dependents

Please check one:

1. There are no persons (children, family members, etc) who are financially dependent upon me.

2. I have the following dependents (attach additional pages if necessary):

Name	Age	Relationship to Me

V. **Reason for request of waiver** (detail why you NEED this fee waived)

I certify under penalty of perjury that the above is true and correct.

DATED this _____ day of _____, 20 ____ .

 Petitioner/Respondent (signature)

 (stop)

(For the Clerk)

Subscribed and sworn to before this _____ day of _____, 20 ____ .

(Seal)

 Court Clerk/Notary Public

My Commission Expires: