

**IN THE BISHOP PAIUTE TRIBAL COURT
FOR THE BISHOP PAIUTE TRIBE
BISHOP, CALIFORNIA
APPLICATION FOR FILING FEE WAIVER/DISCOUNT**

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone #: _____ Work Phone#: _____

Occupation: _____ Employer: _____

HOUSEHOLD INCOME

(Gross Per Month, Include all Family Members Income)

SELF FAMILY MEMBERS

Number of Individuals in Family:	
Number of Family Members Working:	

Earnings/Wages:		
Pension/Retirement:		
Social Security/SSI:		
Unemployment:		
Disability/IGA:		
TANF/AFDC:		
Total(s):		
Total Family Income: (add self + family members)		

I request this Court to waive or discount the standard filing fee in my case. I certify under penalty of perjury that the foregoing is true and correct. I understand that I am allowed two waiver/discounts per year. If I receive a waiver and **do not** appear in court I lose any future waivers for that year.

Petitioner/Respondent's Signature

Date

The Court having considered the request of the Petitioner/Respondent herein, and good cause appearing based on the above information, therefore, approves the request of the Petitioner/Respondent is hereby:

100% WAIVER GRANTED:___ \$10 FILING FEE GRANTED:___ \$20 FILING FEE GRANTED:___
REQUEST DENIED:___

Bishop Paiute Tribal Court

Date