

**FINANCIAL AFFIDAVIT IN SUPPORT OF
APPLICATION FOR WAIVER OF FILING FEE
Rev. 03/06**

**MOHEGAN TRIBAL COURT
Clerk's Office (860) 862-6342**

NAME OF APPLICANT		ADDRESS OF APPLICANT		DOCKET NO. (For Court Use Only)	
TELEPHONE NUMBER (HOME)		CELLULAR TELEPHONE NUMBER		<input type="checkbox"/> PLAINTIFF	<input type="checkbox"/> DEFENDANT
OCCUPATION		NAME OF EMPLOYER			
ADDRESS OF EMPLOYER					

I. WEEKLY INCOME FROM PRINCIPAL EMPLOYMENT (Use weekly average not fewer than 13 weeks)

DEDUCTIONS (Taxes, FICA, etc)	AMOUNT/WEEK	DEDUCTIONS (Cont'd)	AMOUNT/WEEK	GROSS WEEKLY WAGE FROM PRINCIPAL EMPLOYMENT	\$
1.	\$	4.	\$	TOTAL DEDUCTIONS	\$
2.	\$	5.	\$		\$
3.	\$	6.	\$		NET WEEKLY WAGE

II. ALL OTHER INCOME (Include in-kind compensation, gratuities, rents, interest, dividends, pension, etc.)

SOURCE OF INCOME	GROSS AMOUNT/WEEK	SOURCE OF INCOME	AMOUNT/WEEK	GROSS WEEKLY INCOME FROM OTHER SOURCES	\$
1.	\$	2.	\$	TOTAL DEDUCTIONS	\$
DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS	AMOUNT/WEEK		\$
	\$		\$		NET WEEKLY INCOME FROM OTHER SOURCES (Add "Net Weekly Wage" from Section I, and "Net Weekly Income" from Section II, and Enter Total Below)
	\$		\$		

TOTAL NET WEEKLY INCOME → \$

III. BASIC WEEKLY EXPENSES

1. RENTOR MORTGAGE	\$	9. AUTOMOBILE GAS/OIL	\$	17. FOOD	\$
2. REAL ESTATE TAXES	\$	10. AUTOMOBILE REPAIR	\$	18. CLOTHING	\$
3. FUEL	\$	11. AUTOMOBILE LOAN	\$	19. CHILD SUPPORT (ORDER OF COURT)	\$
4. ELECTRICITY	\$	12. PUBLIC TRANS.	\$	20. ALIMONY (ORDER OF COURT)	\$
5. GAS	\$	13. INSURANCE MEDICAL/ DENTAL	\$	21. DAY CARE	\$
6. TELEPHONE	\$	14. INSURANCE AUTOMOBILE	\$	22. OTHER (SPECIFY)	\$
7. TRASH COLLECTION	\$	15. INSURANCE HOME OWNERS	\$	23. OTHER (SPECIFY)	\$
8. CABLE TV	\$	16. INSURANCE LIFE	\$	24. OTHER (SPECIFY)	\$

TOTAL WEEKLY EXPENSES → \$

IV. LIABILITIES

CREDITOR (Do not include mortgages or loan balances that will be listed under assets)	AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

TOTAL LIABILITIES (Total Balance Due on Debts) → \$	TOTAL WEEKLY LIABILITY EXPENSE → \$
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V. ASSETS						
REAL ESTATE – HOME	ADDRESS (Street, City, State)			VALUE (Est.) \$	MORTGAGE \$	EQUITY \$
REAL ESTATE – OTHER	ADDRESS (Street, City, State)			VALUE (Est.) \$	MORTGAGE \$	EQUITY \$
MOTOR VEHICLES – CAR 1	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
MOTOR VEHICLES – CAR 2	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
OTHER PERSONAL PROBERTY	DESCRIBE AND STATE VALUE OF EACH ITEM					TOTAL VALUE
						\$
BANK NAME, TYPE OF ACCOUNT, AND AMOUNT						TOTAL ALL BANK ACCOUNTS
BANK ACCOUNT –1						
BANK ACCOUNT – 2						
TOTAL ALL BANK ACCOUNTS						\$
STOCKS, BONDS, MUTUAL FUNDS – 1	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE					TOTAL VALUE
STOCKS, BONDS, MUTUAL FUNDS – 2						
TOTAL VALUE STOCKS, BONDS, MUTUAL FUND						\$
TOTAL CASH VALUE OF ALL ASSETS						\$
SUMMARY						
TOTAL NET WEEKLY INCOME	\$	TOTAL CASH VALUE OF ALL ASSETS			\$	
TOTAL WEEKLY EXPENSES AND WEEKLY LIABILITY EXPENSES	\$	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS)			\$	
CERTIFICATION						
I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.						
SIGNED (<i>Affiant</i>)	SUBSCRIBED AND SWORN TO BEFORE ME ON:		DATE	SIGNED (<i>Notary, Court Clerk</i>)		
ORDER						
The Court having found the applicant:		<input type="checkbox"/> INDIGENT	<input type="checkbox"/> NOT INDIGENT	THE COURT FILING FEE IS:		
		<input type="checkbox"/> GRANTED	<input type="checkbox"/>			
BY THE COURT (Print or type Name of Judge)	ON (Date)	SIGNED (Judge)		DATE SIGNED		