

MASHPEE WAMPANOAG TRIBAL COURT AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER OF FEES & COSTS

By order of the Mashpee Wampanoag Tribal Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.

v.)))	Case No	
)		
Name of Applicar	nt:			
Address:				
SECTION 1: I	swear or affirm	n I am indigent in that (ch	eck only one):	
I receive pu	ıblic assistance u	nder		
	☐ Transition	nal Aid to Families with De	ependent Children (TAFDC)	
	□ Emergeno	cy Aid to Elderly, Disabled	or Children (EAEDC)	
	□ Suppleme	ental Security Income (SSI)	
	☐ Medicaid	(MassHealth)		
	☐ Massachu	usetts Veterans Benefits Pro	ograms	
persons livi			ces is per year. There are for my household (rent from boarders, or	
	•	copy of the Mashpee War	npanoag Tribal Court Waiver of Court	Recidelines for the

Schedule be wa	nived by order of y responsibility.	the Court. I understand that of	even if these Court fees	e Wampanoag Tribal Court Fee s and costs are waived, other lit ey's fees, expert witness fees ar	tigation
remain persona			11 2	and correct and that I understannat I sign this document under t	
Date			Signature		