IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS FOR THE PUYALLUP INDIAN RESERVATION TACOMA, WASHINGTON

In re:
DOB(s):
, MOTION TO WAIVE FILING AND COURT FEES
Plaintiff(s)/Petitioner(s),
v. Hearing Date:
Hearing Time:
Defendant(s)/Respondent(s).
I,, file this motion to request the Court waive the filing fees and any other Court-related fees charged by the Court for the above-referenced action because payment of these fees would be a financial hardship. In support of this motion, I provide the following information:
1. I have the following assets: Cash valued at approximately \$ Checking account balance \$ Savings account balance \$ Auto valued at approximately \$ Home valued at approximately \$ Other:
2. My employment status is: Employed full time
3. My income source(s) are (check all that apply): Employment
4. My monthly income from all sources is approximately: _\$ 5. My monthly expenses are approximately: _\$ Case No.

MOTION TO WAIVE FILING AND COURT FEES

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Other information I would like the Court to take into consideration in support of this request:		
	under the laws of the Puyallup Tribe of Indians, that the ments are true and correct to the best of my knowledge and 1180.	
Party Signature		
/s/		
Print Name – Party Electronic Signature	_	
Attorney/Advocate Bar No. (if applicable)	_	
Co-Party Signature (if any)		
/ _S /	_	
Print Name – Party Electronic Signature		
Attorney/Advocate Bar No. (if applicable)	_	

IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS FOR THE PUYALLUP INDIAN RESERVATION TACOMA, WASHINGTON

In	re:	Case No	
	OB(s):	Cuse Ivo.	
		PROOF OF SERVICE	
v.	Plaintiff(s)/Petitioner(s),		
	Defendant(s)/Respondent(s).		
1.	I,, certify that I am 18 years of age or older.		
		y to this case. (Summons, notice of hearing, and	
3.	. I served Plaintiff(s)/Petitioner(s), Defendant(s)/Respondent(s), Other: a true copy of the following document(s): Petition Notice of Hearing Summons Motion Other:		
4.	I served said document(s) by: personally delivering to	Name On Date	
	at	Name Date, at	
	mailing to	DO D. Cit. Cit. 71 C. I.	
		return receipt requested other	
_			
for		aws of the Puyallup Tribe of Indians, that the ue and correct to the best of my knowledge and	
Date: Sig		ture:ed Name: /s/	
		(Party Electronic Signature) ney/Advocate Bar No. (if applicable):	
	se No OOF OF SERVICE	<u></u>	

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