



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY		TRIBAL BAR NO.:
FIRST AND LAST NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: PHONE: EMAIL: ATTORNEY FOR (<i>Full name</i>):		FOR COURT USE ONLY
		CASE NO:
		PARTY 1 / PETITIONER:
		PARTY 2 / RESPONDENT:
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002		
REQUEST TO WAIVE COURT FEES		
TYPE OR PRINT USING BLACK OR BLUE INK.		

COURT FEES ARE WAIVED FOR ALL CASES INITIATED BY A TRIBAL OFFICIAL (EX: CITATIONS OR CONSTITUTIONAL QUESTIONS) AND FOR GAMING FACILITY TORT CLAIMS. ALL OTHER PARTIES SEEKING A WAIVER MUST FILE THIS FORM WITH THE COURT AND DEMONSTRATE THAT THEY QUALIFY FOR SOME FORM OF STATE OR FEDERAL GOVERNMENT ASSISTANCE OR THAT THEY ARE OTHERWISE ON A FIXED INCOME DUE TO INABILITY TO WORK.
(PURSUANT TO ADMINISTRATIVE ORDER NO. ADM-2022-001)

I, _____, ☐ PARTY 1 / PETITIONER ☐ PARTY 2 / RESPONDENT
request that the Court waive all fees charged by the Court for the above-entitled action because payment of these fees would be a financial hardship.

1. CIRCUMSTANCES (*Check all that apply*)

EMPLOYMENT STATUS:

- ☐ EMPLOYED FULL-TIME ☐ EMPLOYED PART-TIME ☐ UNEMPLOYED
☐ DISABLED AND UNABLE TO WORK ☐ OTHER:



IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

I AM SOLELY RESPONSIBLE FOR THE FOLLOWING EXPENSES FOR MY HOUSEHOLD:

- ☐ RENT / MORTGAGE ☐ CAR / VEHICLE ☐ UTILITIES ☐ GROCERIES ☐ DAY CARE
☐ ELDER CARE ☐ OTHER:

BENEFITS / SERVICES I RECEIVE:

- ☐ CALWORKS ☐ FOOD STAMPS ☐ IHSS ☐ MEDI-CAL ☐ TRIBAL TANF ☐ SSI

2. FINANCIALS

MY NET MONTHLY INCOME FROM ALL SOURCES IS:

MY TOTAL MONTHLY EXPENSES ARE:

3. OTHER INFORMATION I WOULD LIKE THE COURT TO TAKE INTO CONSIDERATION IN SUPPORT OF THIS REQUEST:

☐ I UNDERSTAND THAT IF THIS WAIVER IS NOT GRANTED, MY FILING FEES ARE REQUIRED TO BE PAID WITHIN FIVE (5) BUSINESS DAYS OF THE DATE THE COURT CLERK CONFIRMS THE ELECTRONIC FILING OR IN THE MORNING PRIOR TO ANY HEARING ON THE CASE, WHICHEVER IS FIRST (10 WRC § 2-404, et seq.).

CERTIFICATION

I certify, under penalty of perjury under the laws of Wilton Rancheria and the State of California, that the foregoing statement and all attachments are true and correct to the best of my knowledge and belief.

TYPED / PRINTED NAME:

SIGNATURE:

DATE: