Washoe Tribe of Nevada & California
Washoe Tribal Court
919 US HWY 395 South, Gardnerville NV 89410
Telephone 775-265-7024 x 1252 * Fax 265-0258

Application for Fee Waiver ($50.00)

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Last 4 Digits of Social Security #: _____ # in Family: _____

Home Phone #: _____ Work/Cell No. _____

Occupation: _____ Employer: _____

Employer's Address: _____

HOUSEHOLD INCOME (Gross Per Month)	EXPENSES	ASSESTS
Earnings/Wages: _____	Rent: _____	Cash in hand: _____
Pension/Retirement: _____	Utilities: _____	Cash in Checking: _____
Social Security/SSI: _____	Insurance: _____	Cash in Savings: _____
Unemployment: _____	Food: _____	Credit Cards: _____
Disability/IGA: _____	Clothing: _____	Personal Property: _____
Welfare/AFDC: _____	Other: _____	Vehicle: _____
Food Stamps: _____	_____	_____
Child/Spousal Support: _____	_____	_____
All Other Income: _____	_____	_____
Total Income: $ _____	**Total Expenses: $** _____	**Total Assets: $**_____

I request this Court to waive the standard filing fee in my case. I certify under penalty of perjury that the foregoing is true and correct.

_____ Date: _____
Petitioner/Respondent's Signature

The Court, having considered the request of the Petitioner/Respondent herein, and good cause appearing therefore, IT IS ORDERED that the request of the Petitioner/Respondent is hereby:
GRANTED: _____ DENIED: _____

Dated this _____ day of _____, 20___.

_____
Chief Judge