

PETITION TO PROCEED IN FORMA PAUPERIS (IFP)

A Petition to Proceed *In Forma Pauperis* (IFP) may be filed if you do not have the necessary funds required for filing a complaint or petition for custody or support. If you currently receive SSI benefits, you will need to complete the IFP Petition and provide proof of your benefits. If you do not receive these benefits and are requesting that the Court permit you to proceed IFP, you will need to complete the IFP Petition and the Poverty Affidavit.

1. Complete, date and sign the *In Forma Pauperis* Petition and Poverty Affidavit (if necessary) with as much information as you have. (detailed instructions included)
2. File the completed IFP Petition with the complaint, petition, or motion you are filing with the Court by mailing or hand-delivering them in person to:

Kickapoo Tribal Court
P.O. Box 95
McLoud, OK 74851

You will not have to pay a filing fee on the complaint, petition, or motion while the Court is reviewing and deciding your IFP Petition.

3. If the Petition is granted, you will not have to pay a filing fee on the petition or on any other documents you file in your case. If the Court denies the petition, you will be required to pay the filing fee for your complaint, petition, or motion within ten (10) days, or the complaint, petition or motion will be rejected.

HOW TO FILL IN THE PETITION.

Fill in the names of the plaintiff and defendant in the heading of the petition exactly as they appear in the initial custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. Check off the type of action for which you are filing by marking the appropriate box in the heading.

Check off whether you are the Plaintiff or the Defendant in the case and fill in the amount of the filing fee.

HOW TO FILL IN THE POVERTY AFFIDAVIT.

You need only complete the Poverty Affidavit if you are requesting to proceed IFP and do **NOT** receive SSI.

Answer all questions

Fill in any amounts related to the type of property indicated. If the amount is zero (0), indicate that.

DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS YOU HAVE MADE ARE TRUE AND CORRECT.

SIGN AND DATE THE POVERTY AFFIDAVIT.

IN THE TRIBAL DISTRICT COURT
FOR THE KICKAPOO TRIBE OF OKLAHOMA
P.O. BOX 95, MCLLOUD, OKLAHOMA 74851

_____,)
Plaintiff,)
) Case No.: _____
v.)
)
_____,)
Defendant.) FAMILY COURT
) () Custody () Support
) () Visitation

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE, THE JUDGES OF SAID COURT:

(1) I am the (check one) ()Plaintiff ()Defendant in the above matter and because of my financial condition I am unable to pay the required filing fee of \$_____.

(2) I am unable to obtain funds from anyone, including my family and associates, to pay this fee.

(3) Check one:

() I am currently a recipient of the following type(s) of Benefits from the Social Security Administration: (Check all that apply and be prepared to present to the filing clerk supporting documentation that you are currently receiving the benefit(s)).

** medical benefits

** SSI

() I am not currently receiving cash or medical Public Assistance benefits, but I am attaching a completed Poverty Affidavit that verifies my financial condition, and why I cannot afford to pay the aforementioned filing fee.

I verify that the statement made in this Petition, and attached Poverty Affidavit (if applicable), are true and correct. I understand that false statements herein are made subject to the penalties of Perjury (Tribal Law Enforcement Code, Article 523), relating to sworn falsification to authorities.

Date: _____

Name of Person filing: _____

Address: _____

Phone #: _____

You do not need to fill out this Affidavit if you receive SSA benefits.

**IN THE TRIBAL DISTRICT COURT
FOR THE KICKAPOO TRIBE OF OKLAHOMA
P.O. BOX 95, MCLLOUD, OKLAHOMA 74851**

_____,)
Plaintiff,)
)
v.) Case No.: _____
)
_____,)
Defendant.)

POVERTY AFFIDAVIT

1. I, _____ am the (check one) () Plaintiff () Defendant in a support/custody matter, and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

a. Name: _____

Address: _____

Social Security Number: _____

b. Employment:

If you are employed, state:

Employer: _____

Employer's Address: _____

Salary or Wager per month: _____

Type of work: _____

c. If you are unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

Other income within the past twelve months:

Business or profession: _____

Self-employment: _____ Support Payments _____

Interest: _____ Disability Payments: _____

Dividends: _____ Public assistance/welfare: _____

Unemployment compensation and/or supplemental benefits: _____

Pension & annuities: _____

Other: _____

d. Other contributions to household support:

Wife/Husband (circle one) Name: _____

If your wife/husband is employed, state:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children per month: _____

Contributions from parent per month: _____

Other contributions per month: _____

e. Property owned:

Cash: _____

Checking account: _____

Saving account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make: _____ Year: _____

Cost: _____ Amount Owed: _____

Stocks, Bonds: _____

Other: _____

f. Debts and Obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

g. Persons dependent upon you for support:

Wife/Husband Name: _____

Child(ren) if any:

Name(s)

Age(s)

Other Persons:

Name(s)

Age(s)

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
5. I verify that the statements in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of Perjury (Tribal Law Enforcement Code, Article 532), relating to sworn falsification to authorities.

Date: _____

Petitioner: _____

Kickapoo Tribe of Oklahoma)
McLoud, Oklahoma)
State of Oklahoma) ss.
County of _____)

Before me, a Notary Public/Court Clerk in and for the State of _____, on this _____ day of _____, 20____. Personally appeared _____, known to me to be the identical person who executed the within and foregoing instrument by his/her mark in my presence and in the presence of _____ and _____ as a witness, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the purpose set forth.

In witness, I have set my hand and official seal the day and year written above.

(SEAL)

Notary Public/Court Clerk

My Commission Expires: _____