

**IN THE APPELLATE COURT  
OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD NATION, PABLO, MONTANA**

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_____	)	
	)	CAUSE NO. _____
_____	)	
	)	
Appellant,	)	<b>MOTION FOR LEAVE TO</b>
	)	<b>PROCEED IN FORMA</b>
vs.	)	<b>PAUPERIS</b>
	)	
_____	)	
	)	
Appellee.	)	

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**COMES NOW**, \_\_\_\_\_, the Appellant in the above-entitled matter, hereby moves this Court for an Order pursuant to Part 9, Rule 11 of the Rules of Appellate Procedure, to proceed in forma pauperis without the payment of the \$25.00 filing fee and any other court costs.

**DATED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Appellant's Signature



# CONFEDERATED SALISH AND KOOTENAI TRIBES COURT OF APPEALS APPLICATION TO PROCEED IN FORMA PAUPERIS

## INSTRUCTIONS

### GENERAL INFORMATION

- ◆ **All Sections of this application must be completed! \*DO NOT SKIP ANY SECTIONS.**
- ◆ ***An application with all zeros will not be processed:*** Filling out all zeros will not be accepted on this form- you must provide complete household Income, Asset, Expense and Debt information for all household members. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review.
- ◆ **Proof of ALL household income is required:** You must provide income documentation for all household members (other than roommates) with Paystubs, Monthly Bank Statements, Unemployment, Food Stamps/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement and Financial Aid Benefit statements, etc. \*Provide all that apply. \*\*If you have no documentation you must provide a written explanation.
- ◆ **Further documentation:** in the case of a Hardship qualification, further documentation may be requested. You will be notified when this is required.
- ◆ **\*Presumptive Eligibility:** If proof/documentation is provided for an applicant's household which currently qualifies for TANF, Food Stamps/SNAP and/or SSI/SSDI, you may skip Sections I. through III. and proceed directly to Section IV.
- ◆ **Students** please include Financial Aid Benefit information as Other Income and state that in the area provided.
- ◆ ATTACH THIS FORM WITH ALL SUPPORTING DOCUMENTS TO YOUR MOTION FOR IN FORMA PAUPERIS AND FILE WITH THE APPELLATE COURT, ACCORDING TO THE CSKT APPELATE CODE.

**\*FAILURE TO COMPLY WITH THESE INSTRUCTIONS AND PROVIDE A COMPLETE APPLICATION AND/OR REQUESTED DOCUMENTATION MAY RESULT IN THE DENIAL OF YOUR REQUEST.**



**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, do hereby certify that I mailed true and correct copies of the **MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS AND AFFIDAVIT OF INABILITY TO PAY FILING FEE AND OTHER COSTS** to the persons first named therein at the addresses shown below by depositing same in the U.S. Mail, postage prepaid, or hand-delivered this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature