**NON-REMOVABLE MILLE LACS BAND OF OJIBWE**

**COURT OF CENTRAL JURISDICTION**

**Noojimo’wiigamig Inaawanidiwag**

**(Family Healing to Wellness Court)**

|  |  |  |
| --- | --- | --- |
| [ ]  **District 1**  | [ ]  **District 2** | [ ]  **District 3** |
| In the Matter of the Wellness of: | Case File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Minor Child(ren).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian. | **APPLICATION FOR** **APPOINTMENT OF COUNSEL** **AND AFFIDAVIT OF FINANCIAL STATUS****(NON-MLBO BAND MEMBER)** |

I am considering applying for admission to the Mille Lacs Band Family Healing to Wellness Court. I am a [ ]  parent [ ]  guardian [ ]  custodian of the minor child(ren) named above. I affirm under the penalty of perjury that I cannot afford to hire my own attorney in this matter and request that the Court appoint an attorney for me. In support of this request, I affirm that the following information is true and correct.

|  |  |  |
| --- | --- | --- |
| Name: (First) | (Middle) | (Last) |
| Birth date: | Telephone: ( ) |
| Email address: |
| Street Address: | City: |
| State:  | Zip: | [ ]  Own [ ]  Rent [ ]  No Fixed Residence |
| Currently employed? [ ]  Yes [ ]  No | Usual occupation: |
| Employer: |
| Cash you have: $ | Weekly take-home pay: $ |
| If unemployed, how long: | Why: |
| Checking account balance: $ | Savings account balance: $ |
| [ ]  I am receiving public assistance under one or more of the following means-tested program: |
| [ ]  MSA (Minnesota Supplemental Aid) | [ ]  MFIP (Minnesota Family Investment  Program) | [ ]  Supplemental Nutrition Assistance  Program (SNAP) |
| [ ]  MinnesotaCare, Medical Assistance (MA),  or General Assistance Medical Assistance | [ ]  GA (General Assistance) or Discretionary  Work Program | [ ]  CCAP (Minnesota Child Care Assistance  Program) |
| Other income: Unemployment $ /month Worker’s Compensation $ /month |
| Disability $ /month Social Security $ /month |
| Other income *(list source):* $ /month |
| Do you own real estate? [ ]  Yes [ ]  No | Value: $ |
|  Mortgage balance: $ | Monthly payment: $ |
| List all motor vehicles owned: |
| (1) Make:  | Model: |
|  Value: $ | Amount owed: $ |
| (2) Make:  | Model: |
|  Value: $ | Amount owed: $ |
| Number of dependents: Ages: Do they live with you? [ ]  Yes [ ]  No |
| Do you pay support? [ ]  Yes [ ]  No Monthly amount: $ Arrearage: $ |
| List monthly expenses and amounts that you pay: |
|  |
|  |
| Does anyone contribute to the payment of these expenses? [ ]  Yes [ ]  No |
| List other adults that live with you by name, relationship, and monthly take-home pay: |
|  |
|  |

I understand that the information given above will be used to determine whether I am eligible for the appointment of an attorney by the Court. **Under the penalty for perjury, I hereby solemnly swear or affirm that the information above is true and correct to the best of my knowledge.**

Date:

 Signature

***Complete this form and return it to the Court Clerk’s office at the below address:***

Mille Lacs Band Court of Central Jurisdiction

Court Clerk, Family Healing to Wellness Court

43408 Oodena Drive

Onamia, MN 56359