**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