FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA TRIBAL COURT

	D DU LAC BAND AKE SUPERIOR CHIPPEWA,) Case No.:	
	Plaintiff,))) MOTION TO DECLIEST A DAYMENT	
v.) MOTION TO REQUEST A PAYMENT) PLAN	
	Defendant.	_)	
	I,, reque	est that the Court grant me a payment plan in this	
natter	and I certify as follows:		
1.	I am the defendant in this matter;		
2.	The amount of my judgment is \$;	
3.	I am requesting that I be allowed to pay the judgment in installments in the amount of		
	\$		
	(CHOOSE ONE)		
	☐ by automatic deduction fro	m my Fond du Lac per capita payment each mont	
	OR		
	☐ by automatic payroll deduce Reservation at	ction. I am employed by the Fond du Lac (Department/Division)	
4.	A completed (choose one) □ per capi	ta OR payroll deduction form is attached to this	
	motion.		
5.		use	
		•	
6.	_	t this request, notice can be mailed to me at the	
	following address:		

MOTION TO REQUEST A PAYMENT PLAN

1

Fond du Lac Tribal Court 1720 Big Lake Road Cloquet, MN 55720 Phone: (218) 878-7151 Fax: (218) 878-7169

1					
	7. I understand that the Court will mail notices to me at the address I have provided above				
2		and I agree that the mailing of the notice to	me at the above address will constitute		
3		adequate notice to me of the motion hearing	date or any other matter related to this case.		
4	8.	I also understand that if the Court schedules	a hearing in this matter. I must attend the		
5		hearing if scheduled, and if I do not, the Cou	7.5		
6		notice to me.			
7					
			Signature of Defendant		
8			Signature of Defendant		
9					
0			Date		
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AUTHORIZATION OF VOLUNTARY ASSIGNMENT FORM PER CAPITA ACCOUNT HELD BY THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

ENROLL MENT#	
ENROLLMENT#	
CASE #	
	D.O.B/
SSN#//	
MONTHLY	ONE TIME
PAYMENT AMOUNT: \$	PAYMENT AMOUNT:
UNTIL TOTAL FINE PAID \$	
SSIGNED TO: FOND DU LAC T	TRIBAL COURT
ASSIGNED TO: FOND DU LAC T	
SIGNATURE:	RIBAL COURT
SIGNATURE:	TRIBAL COURT DATE: DIVISION: TRIBAL COURT DATE:
SIGNATURE: ECEIVED BY ATE SENT TO ACCOUNTING:	TRIBAL COURT DATE: DIVISION: TRIBAL COURT DATE: SENT BY:
SIGNATURE: ECEIVED BY ATE SENT TO ACCOUNTING:	TRIBAL COURT DATE: DIVISION: TRIBAL COURT DATE: SENT BY: FOND DU LAC ENTERPRISE ACCOUNTING D



PAYROLL DEDUCTION FORM

Employee Signature	Date	
disbursed as stated above.		
I hereby authorize my employer to deduct	from my payroll check this am	nount to be
CHECK ONE: Start in Plan Stop	in Plan 🔲 Change in Plan	
	Each & Every Pa One Time Only	yday
CHECK ONE: I elect to have my deduction	Twice a Month	1
Total Amount Due:		
Payment Amount: \$		
Payment Amount: \$		
Address of Payee:		
Name of Payee:		
Social Security Number:		
	Lusi rume	Jr., Sr., etc.
Employee Name: First Name Middle	lle Name Last Name	