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- 7. I understand that the Court will mail notices to me at the address I have provided above, and I agree that the mailing of the notice to me at the above address will constitute adequate notice to me of the motion hearing date or any other matter related to this case.
  
- 8. I also understand that if the Court schedules a hearing in this matter, I must attend the hearing if scheduled, and if I do not, the Court may deny this motion without further notice to me.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

AUTHORIZATION OF VOLUNTARY ASSIGNMENT FORM  
PER CAPITA ACCOUNT HELD BY THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

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PURPOSE: THIS AUTHORIZATION FORM IS INTENDED FOR THE VOLUNTARY ASSIGNMENT FOR PER CAPITA MONIES BY FOND DU LAC BAND MEMBERS IN ACCORDANCE WITH THE POLICY FOR: "VOLUNTARY ASSIGNMENT FROM THE PER CAPITA ACCOUNTS OF FOND DU LAC BAND MEMBERS"

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ENROLLMENT# \_\_\_\_\_

CASE # \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN# \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>MONTHLY</b> PAYMENT AMOUNT: \$ _____ UNTIL TOTAL FINE PAID \$ _____
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<b>ONE TIME</b> PAYMENT AMOUNT: \$ _____
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ASSIGNED TO: FOND DU LAC TRIBAL COURT

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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RECEIVED BY \_\_\_\_\_ DIVISION: TRIBAL COURT DATE: \_\_\_\_\_

DATE SENT TO ACCOUNTING: \_\_\_\_\_ SENT BY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ FOND DU LAC ENTERPRISE ACCOUNTING DEPT

DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PAYROLL DEDUCTION FORM

Employee ID#: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
*First Name Middle Name Last Name Jr., Sr., etc.*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Address of Payee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Payment Amount: \$ \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

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**CHECK ONE:** I elect to have my deduction done:  Once a Month  
 Twice a Month  
 Each & Every Payday  
 One Time Only

**CHECK ONE:**  Start in Plan  Stop in Plan  Change in Plan

I hereby authorize my employer to deduct from my payroll check this amount to be disbursed as stated above.

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*Employee Signature*

*Date*

This action will take effect on your next payroll.