

Name of Person Filing: _____
 Mailing Address: _____
 City, State, and Zip Code: _____
 Day/Evening Phone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (If applicable): _____
 Representing: Self, Without a Lawyer OR
 Attorney for: Petitioner Respondent

SUPERIOR COURT OF ARIZONA GILA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

Name of Respondent/Defendant

SUPPLEMENTAL APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND/OR COSTS

STATE OF ARIZONA)
 ss.
 COUNTY OF GILA)

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral/waiver of any unpaid fees and/or costs in my case. I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. **DEFERRAL:** I receive governmental assistance from the state or federal program marked below or am represented by a not for profit legal aid program::

- Temporary Assistance for Needy Families (TANF)
- Food Stamps
- Legal Aid Services

2. **WAIVER:**
 I receive government assistance from the federal Supplemental Security Income (SSI) program.

3. **FINANCIAL QUESTIONNAIRE**

Support Responsibilities. List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

Employer name: _____

Employer phone number: _____

I am unemployed (explain): _____

My prior year's gross income \$ _____

MONTHLY INCOME

My total monthly gross income is: \$ _____

My spouse's monthly gross income (if available to me) \$ _____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Explain: Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Other payments and debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Clothing	\$ _____	
Health Insurance	\$ _____	
Nursing care	\$ _____	
Child Support	\$ _____	
Child Care	\$ _____	
Spousal Maintenance	\$ _____	
Car Insurance	\$ _____	
Transportation	\$ _____	
Other expenses (explain)	\$ _____	

TOTAL MONTHLY EXPENSES \$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE	
Cash and Bank Accounts	\$ _____	
Credit Union Accounts	\$ _____	
Other liquid assets	\$ _____	
TOTAL ASSETS:		\$ _____

4. DEFERRAL:

A. My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.).

OR

B. I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

C. My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

DESCRIPTION OF EXPENSES	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES:	\$ _____

5. WAIVER:

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Applicant's Printed Name: _____

Sworn to or Affirmed before me this _____ day of _____, _____

My commission Expires: _____

Judicial Officer / Deputy Clerk / Notary Public