

**SUPERIOR COURT OF ARIZONA
GILA COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

REQUEST AND ORDER FOR HEARING

Name of Respondent/Defendant

Check at least one of the following:

- I request a hearing on the denial of my supplemental application for waiver or further deferral.
- I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and costs.

Date: _____

Signature

Applicant's Printed Name

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

DATED: _____

 Judicial Officer **Special Commissioner**

Mailed/handed to applicant on _____, _____ by _____

**SUPERIOR COURT OF ARIZONA
GILA COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

Name of Respondent/Defendant

**ORDER ON SUPPLEMENTAL APPLICATION
(AFTER HEARING)**

A SUPPLEMENTAL APPLICATION WAS FILED.

THE COURT FINDS that the applicant (print name) _____:

IS ELIGIBLE FOR A WAIVER

The applicant is permanently unable to pay.

The court exercises its discretion to grant a waiver as necessary and appropriate. (A.R.S. § 12-302 (L))

OR

IS ELIGIBLE FOR FURTHER DEFERRAL of fees and costs. (**Court must establish a schedule of payments.**)

The applicant has shown good cause for further deferral.

The court exercises its discretion to grant further deferral as necessary and appropriate. (A.R.S. § 12-302 (L))

OR

IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL of fees and costs.

IT IS ORDERED: (Check all boxes that apply)

WAIVER IS GRANTED for unpaid fees and costs in the amount of \$_____.

WAIVER IS DENIED. The applicant does not meet the financial criteria for waiver because:

A waiver **MUST BE** granted upon proof that the applicant is permanently unable to pay.

FURTHER DEFERRAL IS GRANTED for unpaid fees and costs in the amount of \$_____.

The applicant shall pay the entire amount due by _____ (date).

OR

The applicant shall pay \$_____ each _____ (week, month etc.) until paid in full, beginning _____.

FURTHER DEFERRAL IS DENIED because the applicant has not demonstrated good cause or it is not necessary or appropriate under A.R.S. § 12-302(L).

APPLICATION DENIED

Your application is incomplete because:

You are encouraged to submit a complete application before a consent judgment is entered against you.

RIGHT TO HEARING. Unless a waiver is granted, you may request a hearing for a review of this order. The request must be made within twenty (20) days of the day this order was mailed or handed to you in court. No action for non-payment of fees and costs will be taken until the hearing is held.

If you do NOT request a hearing, full payment is due within twenty (20) days from the day this order was mailed or handed to you in court. If full payment is not made within the time stated, a consent judgment may be entered against you for any amounts unpaid.

DATED: _____

 Judicial Officer Special Commissioner