

SUPERIOR COURT OF ARIZONA IN GILA COUNTY

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Attorney E-mail Address: _____
Representing Self (Without an Attorney) OR
 Attorney for Petitioner Respondent

STATE OF ARIZONA)
COUNTY OF _____) **ss**

Name of Petitioner/Plaintiff

Case Number: _____

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

Name of Respondent/Defendant

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.**

1. [] WAIVER:

- [] I currently receive government assistance from the federal Supplemental Security Income (SSI) program. (Please attach proof.)
- [] I was formerly granted a deferral by the court until the end of my case. My income and liquid assets have not changed and are unlikely to change in the foreseeable future. (If you are receiving food stamps or government cash assistance from Temporary Assistance to Needy Families (TANF), please attach proof. In all other cases, complete the financial questionnaire in section 3.)
- [] 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 have accrued. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Complete the financial questionnaire in section 3. Note: Gross monthly income includes your share of community property income if available to you.)
- [] My income is greater than 150% of the poverty level, but I 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. (Complete the financial questionnaire in section 3.)

2. **DEFERRAL:** 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.** (Complete the financial questionnaire in section 3.)

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: \$ _____
 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
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Tuition	\$ _____	
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		\$ _____

OATH OR AFFIRMATION

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

Date

Signature

Applicant's Printed Name

Date

Judicial Officer, Deputy Clerk or Notary Public

My Commission Expires/Seal:

SUPERIOR COURT OF ARIZONA IN GILA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

Name of Respondent/Defendant

**ORDER ON SUPPLEMENTAL APPLICATION
(WITHOUT 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 applicant receives **Supplemental Security Income**.
- The applicant previously was **granted a deferral** and his/her income and liquid assets have not changed and are unlikely to change in the foreseeable future.
- 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 or meets one of the eligibility factors listed above.

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 IS 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, unless you are granted a payment plan, 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