

**(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)**

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. 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 government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:
- Temporary Assistance to 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: \$ \_\_\_\_\_  
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:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
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.

	<b>ESTIMATED VALUE</b>
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Other liquid assets	\$ _____
<b>TOTAL ASSETS</b>	\$ _____

**The basis for the request is:**

**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.**

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**OR**

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 are unlikely to change in the foreseeable future.

**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: