

(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: _____

**APPLICATION FOR DEFERRAL OR WAIVER
OF COURT FEES OR COSTS AND CONSENT
TO ENTRY OF JUDGMENT**

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 or waiver of all fees including: filing a case, issuance of a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) 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:

	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	\$ _____

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.**

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.

IMPORTANT

This "Application for Deferral or Waiver of Court Fees or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

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:

OPTIONAL USE
CONFIDENTIAL PERSONAL FINANCIAL AFFIDAVIT

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

I, _____, am an applicant for a **DEFERRAL OR WAIVER OF COURT FEES AND COSTS PURSUANT TO A.R.S. § 12-302**. The Application for Deferral or Waiver of Court Fees and Costs requires a Consent to Entry of Judgment. By signing the Consent, I have agreed that a judgment may be entered against me for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. I understand that collection efforts include referring the judgment to a collection program (A.R.S. § 12-116.03), entry into a tax intercept program (A.R.S. § 41-1122(b)), and reporting of the debt to credit bureaus (A.R.S. § 12-288), which require the use of my social security number. I understand that the information provided is collected for administrative purposes and shall be maintained as confidential information under Rule 123, Rules of the Supreme Court, unless needed to enforce the consent judgment as specified above. Therefore,

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

I hereby verify that my social security number is ____ - ____ - ____.

OR

I hereby verify that I do not possess a valid social security number.

Signature

Applicant's Printed Name

SUBSCRIBED AND SWORN before me this ____ day of _____, 20____.

By _____.

My Commission Expires/Seal:

Judicial Officer, Deputy Clerk or Notary Public

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**ORDER REGARDING DEFERRAL OR WAIVER
OF COURT FEES AND COSTS AND
NOTICE REGARDING CONSENT JUDGMENT**

Name of Respondent/Defendant

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

- 1. IS NOT ELIGIBLE FOR A DEFERRAL of fees and costs.

OR
- 2. IS ELIGIBLE FOR A DEFERRAL of fees and costs based on financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.

OR
- 3. IS ELIGIBLE FOR A DEFERRAL of fees and costs at the court's discretion (A.R.S. § 12-302(L)).

OR
- 4. IS ELIGIBLE FOR A DEFERRAL of fees and costs based on good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR
- 5. IS ELIGIBLE FOR A WAIVER of fees and costs because the applicant is permanently unable to pay.

OR
- 6. IS ELIGIBLE FOR A WAIVER of fees and costs at the court's discretion (A.R.S. § 12-302(L)).

OR
- 7. IS NOT ELIGIBLE FOR A WAIVER of fees and costs.

IT IS ORDERED:

- DEFERRAL IS DENIED** for the following reason(s):
 - The application is incomplete because _____
You are encouraged to submit a complete application.
 - The applicant does not meet the financial criteria for deferral because _____

A deferral MUST BE granted if the applicant is receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps; has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court; or, if the applicant demonstrates other good cause.

- DEFERRAL IS GRANTED** for the following fees and costs in this court:
 - Any or all filing fees; fees for the issuance of either a summons and subpoena; or the cost of attendance at an educational program required by A.R.S. § 25-352, fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.
 - Fees for service of process by a sheriff, marshal, constable or law enforcement agency.
 - Fees for service by publication.
 - Filing fees and photocopy fees for the preparation of the record on appeal.
 - Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

IF A DEFERRAL IS GRANTED, PLEASE CHECK ONE OF THE FOLLOWING BOXES:

NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE.

SCHEDULE OF PAYMENTS.

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

WAIVER IS DENIED for all fees and costs in this case.

WAIVER IS GRANTED for all fees and costs in this case that may be waived under A.R.S. § 12-302(H).

Any or all filing fees; fees for the issuance of either a summons or subpoena; or the cost of attendance at an educational program required by A.R.S. § 25-352, fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.

Fees for service of process by a sheriff, marshal, constable or law enforcement agency.

Fees for service by publication.

Filing fees and photocopy fees for the preparation of the record on appeal.

Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

RIGHT TO JUDICIAL REVIEW. If the application is denied or a payment schedule is set by a special commissioner, you may request the decision be reviewed by a judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after judicial review. Judicial review shall be held as soon as reasonably possible.

NOTICE REGARDING CONSENT JUDGMENT. Unless any of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

A. Fees and costs are taxed to another party;

B. The applicant has an established schedule of payments in effect and is current with those payments;

C. The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;

D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or

E. Within twenty (20) days of the date the court denies the supplemental application, the applicant either:

1. Pays the fees and costs; or,

2. Requests a hearing on the court's order denying further deferral or waiver. If the applicant requests a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied, and payment has not been made within the time prescribed by the court.

If an appeal is taken, a consent judgment for deferred fees and costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and costs in full, the court is required to comply with the provisions of A.R.S. § 33-964(C).

DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES. An applicant who is granted a deferral or waiver shall promptly notify the court of any change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

DATED: _____

 Judicial Officer **Special Commissioner**

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**AFFIDAVIT IN SUPPORT OF APPLICATION
FOR DEFERRAL OR WAIVER OF SERVICE OF
PROCESS FEES**

Name of Respondent/Defendant

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

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 have requested a deferral or waiver of the following fees in my case:

[] **Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):

- [] I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.
- [] It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):

[] An enforceable injunction against harassment has been granted to me against the person to be served.

[] **Fees for publication:** In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person (check and complete any that apply):

[] This is what I did to try to find the other party (explain):

[] I have contacted the person(s) listed below to try to find the location of the other party.

NAME	ADDRESS
_____	_____
_____	_____

OATH OR AFFIRMATION

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

Date: _____

Signature

Applicant's Printed Name

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, as of (date) _____, the last known address of the person to be served as: _____

(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

Name of Petitioner/Plaintiff

Case Number: _____

**APPLICATION FOR DEFERRAL OR WAIVER
OF SERVICE OF PROCESS FEE FOR
INJUNCTIONS AGAINST HARASSMENT AND
CONSENT TO ENTRY OF JUDGMENT**

Name of Respondent/Defendant

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

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 the fee for service of process by a sheriff, marshal, constable or law enforcement agency. 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:

	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 \$ _____

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.**

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.

IMPORTANT

This "Application for Deferral or Waiver of Service of Process for Injunctions against Harassment" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

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:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**ORDER REGARDING DEFERRAL OF
SERVICE OF PROCESS FEE FOR
INJUNCTIONS AGAINST HARASSMENT**

Name of Respondent/ Defendant

**UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,
IT IS ORDERED:** (Check all boxes that apply)

- DEFERRAL IS GRANTED** for the service of process fee.
The applicant shall make payments as set forth below.
- DEFERRAL IS DENIED** for the service of process fee.
The applicant does not meet the financial criteria for deferral.

DATED: _____

 Judicial Officer **Special Commissioner**

PAYMENT DUE DATE

The applicant shall pay the service of process fee of \$_____ on or before (date) _____.

If payment is not made in full when due, you will receive a notice reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees and/or costs. The court will decide at that time whether or not you must pay.

NOTE: IF THE APPLICATION IS BY VERBAL AVOWAL, THE APPLICANT MUST SIGN THE CONSENT ON THE NEXT PAGE.

If payment of the service of process fee has been postponed and payment is not made in full when due, you will receive a *Notice of Court Fees and Costs Due* reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will decide at that time whether or not you must pay.

CONSENT TO ENTRY OF JUDGMENT. By signing this section, I agree that a judgment may be entered against me for all fees that are deferred, but that remain unpaid thirty (30) calendar days after the entry of final judgment. Judgment may be entered against me unless any of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or,
- E. Within twenty (20) days of the date the court denies the supplemental application, I either:
 - 1. Pay the fees and costs; or,
 - 2. Request a hearing on the court's order denying further deferral or waiver. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied, and payment has not been made within the time prescribed by the court.

ACKNOWLEDGMENT AND SIGNATURE UNDER OATH

Date: _____

Signature

Applicant's Printed Name

SUBSCRIBED AND SWORN or affirmed and acknowledged before me on this ____ day of _____, 20____.

By _____ .

My Commission Expires/Seal:

Judicial Officer, Deputy Clerk or Notary Public

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**ORDER REGARDING WAIVER OF SERVICE
OF PROCESS FEE FOR AN INJUNCTION
AGAINST HARASSMENT**

Name of Respondent/Defendant

UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,

IT IS ORDERED:

WAIVER IS GRANTED for the service of process fee.

WAIVER IS DENIED for the service of process fee. The applicant does not meet the financial criteria for a waiver.

DATED: _____

Judicial Officer

NOTICE OF COURT FEES AND COSTS DUE

IMPORTANT!

Read this notice carefully. If you do not do what this notice tells you to do, a judgment for all unpaid fees and costs will be entered against you. This judgment may appear on your credit report, could cause your wages to be garnished or your tax refund to be intercepted, or result in other financial consequences including collection agency costs. If you do not understand this notice, you may wish to seek legal advice or contact Legal Aid for help.

When your case was filed, you requested that the court defer the court fees and costs in your case. The court granted you a deferral. A deferral means that payment was postponed and you did not have to pay all the costs and fees while your case was open. The case is now over.

Payment of court fees and costs in the amount of \$_____ are now due in your case. You must either pay these fees and costs or file a supplemental application for waiver or further deferral by (date) _____.

If you do not pay or file a supplemental application by the above date, a judgment for the total amount of unpaid fees and costs will be entered against you. The court may then take legal steps to collect the unpaid judgment.

You may make the payment or obtain and file a supplemental application at (court name, location and telephone number): _____

In the supplemental application, if you qualify, you can ask the court for:

1. Waiver of fees and costs. This means you never have to pay the fees and costs in this case.
2. Further deferral of fees and costs. This means the court arranges a payment schedule.

You may also ask the court for an itemized statement of unpaid fees and costs at no cost to you. After reviewing the itemized statement, if you disagree with the amount due, you may request a hearing. If you file a supplemental application for further waiver or deferral of the court fees and costs and the application is denied, you may request a hearing. Supplemental applications or forms to request a hearing are available online at:

_____ or at the following court locations:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**CONSENT JUDGMENT FOR
COURT FEES AND COSTS**

Name of Respondent/Defendant

An application for deferral of court fees and costs has been granted in this case. Pursuant to A.R.S. § 12-302(F), the applicant signed a consent to entry of judgment for court fees and costs not taxed to another party that remain unpaid thirty (30) calendar days following entry of final judgment. MORE THAN thirty (30) days have elapsed since the entry of final judgment and unpaid fees and costs exist, which the applicant is responsible to pay.

The applicant has not filed a supplemental application for waiver or further deferral;

OR

The applicant has filed a supplemental application for waiver or further deferral, which has been denied by the court, **AND EITHER:**

More than twenty (20) days have elapsed since the denial and the applicant has neither requested a hearing nor paid the unpaid fees and costs;

OR

Within twenty (20) days, the applicant has requested a hearing and, after the hearing, the court has affirmed the denial and the applicant has failed to pay the fees and costs within the time prescribed by the court;

OR

The applicant has filed a supplemental application. Further deferral has been granted and the applicant failed to pay the amount due as ordered.

JUDGMENT IS GRANTED in favor of this court and against _____ (print applicant's name here) in the amount of \$_____, representing the total amount of deferred court fees and costs remaining unpaid that the applicant is responsible to pay.

DATED: _____

Judicial Officer

(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:

	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 \$ _____

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.**

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:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

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 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 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, 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

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

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

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

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 _____

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff

Case Number: _____

**ORDER FOR ASSESSMENT AND COLLECTION
OF INMATE COURT FEES AND COSTS**

Name of Respondent/Defendant

THE COURT FINDS that Petitioner/Plaintiff is an inmate confined to a correctional facility operated by the Arizona State Department of Corrections who has initiated a civil action or proceeding, other than an action or proceeding for dissolution of marriage, legal separation, or annulment or establishment, enforcement or modification of child support. The amount of fees and costs due to date is \$_____. (OR ALTERNATIVELY: A STATEMENT OF FEES AND COSTS DUE IS ATTACHED.) In accordance with A.R.S. § 12-302(E),

IT IS ORDERED that a first-time payment of twenty percent (20%) is assessed as a partial payment of the amount due. If monies exist, the Arizona State Department of Corrections shall deduct this amount from the inmate's spendable account and remit it to the court.

IT IS FURTHER ORDERED that the clerk of the court shall forward to the Arizona State Department of Corrections an updated accounting of the amount of actual court fees and costs.

IT IS FURTHER ORDERED that the Arizona State Department of Corrections shall withhold twenty percent (20%) of all deposits in the inmate's spendable account until the actual court fees and costs are collected in full and shall annually forward any monies collected to this court. Upon the inmate's release, the Arizona State Department of Corrections shall forward the amount of fees and costs collected through the date of the release.

IT IS FURTHER ORDERED that a copy of this order be mailed to the Arizona State Department of Corrections, Bureau of Business and Finance and to the inmate personally.

DATED: _____

 Judicial Officer Special Commissioner