

**APPLICATION FOR
FURTHER DEFERRAL OR
WAIVER of FEES and COSTS
(in all cases except criminal)**

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**To Apply to Further Defer or Waive
Court Fees and/or Costs
(at the end of the case)**

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**FURTHER DEFERRAL and/or WAIVER
OF COURT FEES AND/OR COSTS**

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ Your case has ended and you have received a notice from the court telling you how much you owe and when you must pay the money if you do not file a **“Supplemental Application for Further Deferral and/or Waiver”** (this packet).
- ✓ Your case is a family (domestic relations), civil, probate, mental health, juvenile, or tax court case, **AND**
- ✓ You understand “further deferred” means to delay the date the payment is due or to lower the payments by making the payment period longer, and “waived” means you will **never** have to pay your fees and/or costs ***IF*** you qualify), **AND**
- ✓ You want to request your court fees and/or costs be further deferred or waived.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website

Law Library Resource Center

FURTHER DEFERRAL OR WAIVER OF FEES AND/OR COSTS IN ALL CASES EXCEPT CRIMINAL CASES

This packet contains court forms and instructions for further deferral or waiver of fees and/or costs in all cases except criminal cases. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

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INSTRUCTIONS: HOW TO APPLY FOR FURTHER DEFERRAL (a payment plan) OR WAIVER OF COURT FEES AND COSTS

USE THIS PACKET only if you have a court order that defers your court fees and costs **and** you have received a notice from the court telling you that you must now pay your court fees and costs or file a Supplemental Application to have your court fees waived or further deferred.

1. **WHAT COURT FEES OR COSTS ARE CHARGED?** Arizona law requires the court to charge fees and costs when a court user files certain court papers or needs other court services. There are various fees and costs charged for different kinds of cases, depending on what you want or need to do. If this packet applies to you, you have asked the court to defer your court fees and costs and the court has done so. You will have received a notice from the court that you must now pay your court fees and/or costs, or file a Supplemental Application to further defer or waive your fees and costs.
2. **WHO PAYS THE COURT FEES AND COSTS?** Usually the person who wants to file a certain court document, or who wants a certain court service, must pay the fees and costs at the time the filing or the service is done. At the end of the court case the judge might order that one or the other party pay all the costs and fees, which means the party who is ordered to do so must pay back the other party who already paid court fees or costs.
3. **WHAT ABOUT A PARTY WHO CANNOT PAY COURT FEES OR COSTS?** Sometimes, for very serious reasons, a party cannot pay court fees and costs at the time of filing court papers or asking for another court service. If this happens, the party can apply for a DEFERRAL or WAIVER of court costs and fees at the beginning of the case. If this packet applies to you, you will have already received a deferral at the beginning of the case.
 - A **WAIVER** means that the party does not have financial resources to pay now, and probably cannot do so in the future. Generally, waivers are only given at the end of a case.
 - A **DEFERRAL** means that although the party cannot pay now, he or she can probably pay in the future. Because you can probably pay in the future, most often, you will get a DEFERRAL rather than a WAIVER, because everyone needs to bear his or her fair share of the court fees and costs. If at the end of your case, you meet the financial criteria and still cannot pay your court fees, you can ask the court to waive or further defer your court fees and costs. If the court defers the court fees and costs, you will be put on a payment plan and required to pay a certain amount of money to the court each month.
4. **PAPERWORK FOR FURTHER DEFERRAL OR WAIVER OF COURT FEES AND COSTS:**
 - A. **SUPPLEMENTAL APPLICATION FOR WAIVER OR FURTHER DEFERRAL OF COURT FEES AND/OR COSTS:** File the Supplemental Application with the Clerk of the Court. You should know that if the court does not waive or further defer the court fees and costs, and if you do not pay the court fees and costs a Consent Judgment will be signed by the Judge and recorded against you. If you disagree with the court's decision regarding the Supplemental Application, you can request a hearing. In filling out the Application, check the boxes that apply to your situation and fill out the application as directed.

- B. ORDER ON SUPPLEMENTAL APPLICATION (WITHOUT HEARING):** Do not fill out this form *except* for the caption which includes the name of the petitioner/plaintiff, name of the respondent/defendant and your case number. The Special Commissioner will fill out this form after he or she has reviewed your application. This form tells you whether your costs have been waived, further deferred or denied. If you do not agree with the decision of the Special Commissioner, fill out the **Request and Order for Hearing** form and file it with the clerk's office.

5. HOW DO I APPLY FOR FURTHER DEFERRAL or WAIVER?

- A.** Complete the **Supplemental Application** and the caption of the **Order on Supplemental Application** (without hearing). You must personally appear at the court if you are asking the court to waive your court fees and costs unless it will be an extraordinary hardship for you to do so. For example, you live outside the Phoenix Metropolitan area, or you are confined to your home due to illness, and so forth. If you are asking for a further deferral (payment plan), you can mail your Supplemental Application to the court
- B.** Take the Supplemental Application to the Clerk of Court at the court location where you filed your court papers originally on or before the date you were told to file the Supplemental Application. If you are mailing the Supplemental Application, mail it to the Clerk of the Court, 201 West Jefferson, Phoenix, Arizona 85003. Make sure the Supplemental Application gets to the Clerk of the Court on or before the date you were told to file the Supplemental Application. The Special Commissioner will review your application, determine if you qualify for further deferral or waiver, and notify you whether you qualify for further deferral or waiver.
- C.** If your court fees and costs are **waived**, that means you **never** have to pay the court fees and costs. If your court fees and costs are further **deferred** that means that you will be put on a **payment plan** and you will need to pay the court a certain amount each month or a consent judgment will be signed against you. If you do not agree with the court's decision, you can request a hearing in front of a judge. Fill out the Request and Order for Hearing and file it with the clerk's office.

- 6. OTHER HELP.** If you still have questions about this procedure, you can ask a lawyer for legal advice. You can look up a lawyer in the telephone book under "attorneys." Also, the Self-Service Center has a list of lawyers who will help you help yourself. The list shows where the lawyers are located, how much they charge to look over the court papers or answer your questions, and what their experience is. Visit the Self-Service Center at the Courthouse to get the names of some lawyers on the list or list can be found on the Self-Service Center website.

REMINDER: Do not sign any documents unless (1) in front of a deputy clerk who will witness your signature or (2) in front of a notary public who will witness and affix their seal to the document. Applications will be rejected unless signatures are witnessed by a deputy clerk or notarized by a notary public.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

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

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 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 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

Deputy Clerk or Notary Public

My Commission Expires/Seal:

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA 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(A).

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

I CERTIFY that I mailed/delivered/provided a copy of this document to:

Applicant at the above address in court

Applicant's attorney at the above address in court

Date: _____

By: _____
Clerk of Superior Court

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

REQUEST AND ORDER FOR HEARING

Name of Respondent/Defendant.

NOTICE: To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to:
The Clerk of the Court, Collections Department,
201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

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/or costs.

Date: _____

Signature: _____

Print your 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 OR Special Commissioner

I CERTIFY that I mailed/delivered/provided a copy of this document to:

Case No. _____

Applicant at the above address in court

Applicant's attorney at the above address in court

Date: _____

By: _____
Clerk