

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: