

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