

CASE NUMBER: _____

Plaintiff/Petitioner

DATE: _____

Defendant/Respondent

DEFERRED FEE APPLICATION INFORMATION

APPLICANT
Complete all information in this section.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

SSN: _____ ZIP CODE: _____

PHONE(H): () _____ PHONE (W): () _____

DO YOU HAVE AN ATTORNEY?
 YES NO PHONE (Cell): () _____

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).

FINANCIAL STATUS OF A DEFERRED FEE

Special Commissioner
Complete all information for each deferred fee in this section.

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ _____

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ _____

BALANCE: \$ _____

**Special
Commissioner**

Complete this section if a payment plan is set up.

Cross out if deferred until further notice.

BALANCE OF DEFERRED FEE(S) DUE ON _____ DAY OF _____, 20__

I (APPLICANT) SHALL MAKE (WEEKLY MONTHLY) PAYMENTS OF \$ _____

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

Applicant:

APPLICANT SIGNATURE: _____

**Special
Commissioner**

Check why deferred until further notice.

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).

ASSISTANCE RECEIVED/ INCOME INFORMATION

- | | |
|--|---------------------------------|
| <input type="checkbox"/> TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES) | <input type="checkbox"/> SSI |
| <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> < 150% |
| <input type="checkbox"/> COMMUNITY LEGAL SERVICES | |

Applicant:

APPLICANT SIGNATURE: _____