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 P	etitioner OR 🗌 Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner / Plaintiff

Case Number:

ORDER ON SUPPLEMENTAL APPLICATION

Name of Respondent / Defendant

A SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER 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 or her income and financial circumstances 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

<u>Is eligible for further deferral of fees and costs</u>. (Court will set a payment plan.)

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)		
	<u>Waiver is granted</u> for unpaid fees and costs in the amount of \$		
	<u>Waiver is denied</u> . The applicant does not meet the financial criteria	for waiver because:	
	A waiver <u>must be</u> granted upon proof that the applicant is permanent pay or meets one of the eligibility factors listed above.	ently unable to	
	Further deferral is granted for unpaid fees and costs in the amount of	of \$	
	The applicant must pay the entire amount due by	(date).	
Or			
	The applicant must pay \$ each until paid in full, beginning		
	Further deferral is denied because the applicant has not demonstrate necessary or appropriate under A.R.S. § 12-302(L).	ed good cause, or it is not	
	Application is denied. Your application is incomplete because:		

Case Number:

NOTE: You are encouraged to submit a complete application before the court enters a consent judgment against you. A consent judgment would order you to pay any unpaid amounts due, and this consent judgment may be referred to a collection agency.

<u>Right to hearing</u>. If a waiver was not granted, you may request a hearing for a review of this order. You must request a hearing within 20 days of the day this order was mailed or handed to you in court. The court will not take action against you for nonpayment of fees and costs until the hearing is held.

If you do not request a hearing, full payment is due within <u>20 days</u> from the day this order was mailed or handed to you in court, unless you are granted a payment plan. If you do not pay the fees and costs within the required time, the court may enter a consent judgment against you for any unpaid amounts.

Ju	dicial Officer 🔲 Special Commissioner	
I CERTIFY that I mailed/delivered a copy of this doc	ument to:	
I CERTIF I that I maned/derivered a copy of this doc	ument to.	
Applicant at the above address, in court, hand delivered, by email Applicant's attorney at the above address, in court, hand delivered,		
by email		
By		
Date Clerk	t of Superior Court	

DATED: