

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: \_\_\_\_\_

### ORDER ON SUPPLEMENTAL APPLICATION (WITHOUT HEARING)

\_\_\_\_\_  
Name of Respondent/Defendant

**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 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.

**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(L).

**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