

GETTING HELP WITH A FILING FEE AT THE END OF YOUR CASE

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- The court gave you a payment plan or postponed payment of your filing fee.
- Your court process has come to an end (for example, your divorce has been finalized or you've had your final trial on changing custody).
- You want to ask the court for more help with any part of that fee that's still unpaid.

Fill out these forms and file them with the Clerk of Court in person or by mail.
Sign them in front a notary before you file or in front of the Clerk when you file.

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Telephone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

_____ Case Number: _____
Name of Petitioner/Plaintiff

SUPPLEMENTAL APPLICATION
FOR DEFERRAL OR WAIVER OF
COURT FEES OR COSTS

_____ Name of Respondent/Defendant

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.

STATE OF ARIZONA)
COUNTY OF COCONINO) ^{ss.}

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.

1. **WAIVER**

- I receive government assistance from the federal **Supplemental Security Income (SSI)** program. *(Bring a copy of your proof that you receive this assistance.)*
- I was 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.)*
- My income is insufficient or barely sufficient** to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. *(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.

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.

If you're submitting proof that you receive SSI, TANF, or food stamps, leave the rest of the form blank, but sign it on the last page.

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

	Loan Balance	Payment Amount
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other payments and debts. <i>Explain:</i> _____	\$ _____	\$ _____

	Payment Amount
Household	\$ _____
Utilities/Telephone/Cable	\$ _____
Medical/Dental/Drugs	\$ _____
Health insurance	\$ _____
Nursing care	\$ _____
Tuition	\$ _____
Child support	\$ _____
Child care	\$ _____
Spousal maintenance	\$ _____
Car insurance	\$ _____
Transportation	\$ _____
Other expenses. <i>Explain:</i>	\$ _____

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

Judicial Officer, Deputy Clerk, or Notary Public
My commission expires/seal:

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Telephone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

_____ Case Number: _____

Name of Petitioner/Plaintiff

**ORDER ON SUPPLEMENTAL
APPLICATION**

Name of Respondent/Defendant

Leave the rest of the form blank. This is for the court to fill in.

- WITHOUT HEARING**
- AFTER HEARING**

A Supplemental Application was filed.

The court finds that the applicant:

- 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(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 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 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