

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

 Name of Petitioner

CASE NUMBER: _____

**SUPPLEMENTAL APPLICATION FOR
 FURTHER DEFERRAL OR WAIVER
 OF COURT FEES AND/OR COSTS**

 Name of Respondent

HONORABLE: _____

STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

1. I am requesting a further deferral or waiver of any unpaid fees and costs in my case.

The basis for the request is:

1. WAIVER: I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.

OR

2. FURTHER DEFERRAL:

a. I receive governmental assistance from the state/federal program(s) checked below:
 Temporary Assistance for Needy Families (TANF) Food Stamps
 Supplemental Security Income (SSI) General Assistance (GA)

If you checked either boxes 1 or 2(a), you must complete the Financial Questionnaire. You must submit proof that you receive governmental assistance. If you are submitting this application by mail or a third party, you must attach a photocopy of that proof.

OR

- b. My income is insufficient or is 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.

NOTE: To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. Although your income is greater than 150% of the poverty level, you have proof of extraordinary expenses, including medical expenses, costs of care for elderly or disabled family members or other expenses that the court finds are extraordinary and that reduce your gross monthly income to at or below 150% of the poverty level.

OR

- c. 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.

Explain:

**If you checked boxes 2(a), 2(b) or 2(c) you must complete the Financial Questionnaire.
(See below for the financial questionnaire)**

FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES: List all persons you support (including those for whom you pay child support and/or spousal maintenance/support):

NAME	RELATIONSHIP
<hr/>	<hr/>

STATEMENT OF INCOME AND EXPENSES

ASSISTANCE: I receive assistance from:

- Arizona Health Care Cost Containment System (AHCCCS)
 Arizona Long Term Care System (ALTUS)
 Other (explain):

MONTHLY INCOME: My monthly income is:

Monthly gross income: \$ _____
Employer name: _____
Employer address: _____
Employed since (month/year): _____
Other current monthly income, including spousal
Maintenance/support, retirement, rental, interest, pensions,
scholarships, grants, royalties, lottery winnings
(explain amount and source): \$ _____

My spouse's monthly gross income (if available to me): \$ _____
TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Other payments and debts	\$ _____	\$ _____
Explain:		
Food/Household supplies	\$ _____	
Utilities/Telephone	\$ _____	
Clothing	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health Insurance	\$ _____	
Nursing care	\$ _____	
Laundry	\$ _____	
Child Support	\$ _____	
Child Care	\$ _____	
Spousal Maintenance	\$ _____	
Car Insurance	\$ _____	
Gasoline/Bus Fare	\$ _____	
Contributions to Employer or Other Retirement Account	\$ _____	
TOTAL MONTHLY PAYMENTS		\$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty. Equity is defined as market value minus any liens or loans.

	ESTIMATED VALUE
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement Accounts	\$ _____
TOTAL ASSETS:	\$ _____

EXTRAORDINARY EXPENSES: For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES:	\$ _____

OATH OR AFFIRMATION AND VERIFICATION:

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Date

Signature

State of Arizona)

)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____
(Day) (Month) (Year)

by _____
(Name of Signer)

(Affix notary seal here)

Notary Public (Notary's Signature)