

IN THE SUPREME COURT OF THE STATE OF ARIZONA
ADMINISTRATIVE OFFICE OF THE COURTS

In the Matter of:)	
)	
ADOPTION OF APPELLATE FEE)	Administrative Directive
DEFERRAL AND WAIVER FORMS)	No. 2025 - <u>05</u>
)	
)	
)	
)	

Arizona Code of Judicial Administration (ACJA) § 5-206 requires the Administrative Office of the Courts (AOC) to adopt forms and procedures for deferrals and waivers of court fees and authorizes the Administrative Director to approve requested modifications that are consistent with statutes and court rules.

The fee deferral and waiver forms currently adopted for statewide use are largely tailored for use in the trial courts, and much of the content is not applicable in the appellate courts. This has made the forms confusing and difficult for litigants in the appellate courts to complete. The Administrative Office of the Courts has therefore determined that adoption of a new set of fee deferral and waiver forms, based on the statewide forms but tailored and specific to the appellate courts, would be beneficial.

The following Appellate Fee Deferral and Waiver forms have been recommended for approval as set forth in Appendix A and will improve access to justice for litigants:

- Appellate Application for Deferral or Waiver of Court Fees and Consent to Entry of Judgment (AOCADFGF1F)
- Appellate Order Regarding Deferral or Waiver of Court Fees (AOCADFGF2F)
- Notice of Court Fees Due (AOCADFGF7F)
- Appellate Supplemental Application for Deferral or Waiver of Court Fees (AOCADFGF9F)
- Order on Appellate Supplemental Application (AOCADFGF10F)
- Request for Hearing (AOCADFGF12F)
- Order for Assessment and Collection of Inmate Court Fees (AOCADFGF13F)

Therefore, pursuant to ACJA § 5-206 and in order to promote the use of uniform and efficient legal forms and to enhance the public's access to the courts through the availability of useable and understandable legal forms,

IT IS DIRECTED that effective immediately, the forms in Appendix A are approved and adopted for use in the Arizona Supreme Court and Arizona Court of Appeals, Divisions One and Two.

Dated this 27th day of March, 2025.

DAVID K. BYERS
Administrative Director of the Courts

APPENDIX A

Person Filing	<input type="text"/>
Address (if not protected)	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>
Representing <input type="checkbox"/> Self or <input type="checkbox"/> Attorney for	<input type="text"/>
Attorney's Bar Number	<input type="text"/>

For Clerk's Use Only

- ARIZONA SUPREME COURT**
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-

Name of Respondent/Appellee

Case Number:

**APPELLATE APPLICATION FOR
DEFERRAL OR WAIVER OF COURT
FEES AND CONSENT TO ENTRY OF
JUDGMENT**

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 course of this court action.



NOTE: Appellate applications are not needed in cases that do not have filing fees.

SECTION 1. PERSON FILING THE APPELLATE APPLICATION

1. On whose behalf is this application being filed?

A. On my own behalf. (In this application, I, me/my and you/yourself refer to the applicant.)

OR

B. On behalf of an estate, ward, or protected person. (In this application, I, me/my and you/yourself refer to the estate, ward, or protected person.)




SECTION 2. REQUESTING RELIEF FROM THE COURT

1. I cannot pay any or all filing fees in my case.

SECTION 3. BASIS OF THE CLAIM

1. I am requesting a deferral or waiver of filing fees in my case because:



A. I receive government assistance from the federal **SUPPLEMENTAL SECURITY INCOME (SSI)** program.*

	<input type="checkbox"/> YES, I am providing the required proof that I participate in the SSI program . The proof shows <u>my name as the benefit's recipient</u> and <u>the name of the agency that provides the benefit</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5
	<i>* Supplemental Security Income (SSI) is NOT the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)</i>	

OR



B. I receive **GOVERNMENT ASSISTANCE** from the state or federal program marked below:

- TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)**
- FOOD STAMPS**

	<input type="checkbox"/> YES, I am providing the required proof that I participate in a GOVERNMENT ASSISTANCE program. The proof shows <u>my name as the benefit's recipient</u> and <u>the name of the agency that provides the benefit</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5



OR

C. I receive legal assistance from a **NON-PROFIT LEGAL AID PROGRAM** approved by the Arizona Supreme Court.

	<input type="checkbox"/> YES, I am providing the required proof that I receive legal assistance from a NON-PROFIT LEGAL AID PROGRAM . The proof shows <u>my name as the recipient</u> and <u>the name of the legal aid provider that provides the assistance</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5

OR

- D. **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 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 your spouse or domestic partner's income if available to you.)*

	GO TO SECTION 5 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 5
	GO TO SECTION 4 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 4

OR

- E. I am **PERMANENTLY UNABLE TO PAY**. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.



OR

- F. I do not have the money to pay court filing fees now. **I CAN PAY THE FILING FEES AT A LATER DATE. Explain.**

OR

- G. 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.

DESCRIPTION OF EXTRAORDINARY EXPENSES	AMOUNT
1.	\$ <input type="text"/>
2.	\$ <input type="text"/>
3.	\$ <input type="text"/>
TOTAL EXTRAORDINARY EXPENSES	\$ <input type="text"/>

	GO TO SECTION 5 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 5
	GO TO SECTION 4 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 4

SECTION 4. POVERTY LEVELS CHART

The chart below lists the gross monthly income levels at 150% of the current federal poverty levels based on **household size**. Household size is the number of related individuals living in your home, including yourself, that you support financially. Use the chart to determine the poverty levels based on your household size and whether your gross monthly income is less than, or more than, 150% of the poverty levels.

(AS OF JANUARY 17, 2025)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,956	5	\$4,706
2	\$2,644	6	\$5,394
3	\$3,331	7	\$6,081
4	\$4,019	8*	\$6,769

SECTION 5. FINANCIAL QUESTIONNAIRE



You must complete the financial questionnaire UNLESS you have provided the proof required in SECTION 3(A) for SSI, 3(B) for government assistance, or 3(C) for non-profit legal aid program.

1. FINANCIAL SUPPORT

A. How many people, including yourself, do you support financially? # _____
(including those you pay child support or spousal maintenance for)

B. List the relationship of those you support and check those living with you:

Relationship	Living with you	Relationship	Living with you
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. EMPLOYMENT


A. Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Name of your employer <input type="text"/>	C. Employer telephone <input type="text"/>
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3. INCOME AND EXPENSES	AMOUNT
A. What is your approximate gross monthly income (total income before deductions) ?	\$ _____
B. What is your approximate monthly take home pay (total income after deductions) ?	\$ _____
C. Do you have income from the following sources?	
<input type="checkbox"/> social security <input type="checkbox"/> spousal or child support <input type="checkbox"/> disability <input type="checkbox"/> investments <input type="checkbox"/> veteran's benefits <input type="checkbox"/> unemployment benefits <input type="checkbox"/> other: _____	
1. What is your approximate total gross monthly income from these sources?	\$ _____
2. What is your spouse or domestic partner's approximate total gross monthly income from all sources readily available to you?	\$ _____
TOTAL GROSS MONTHLY INCOME:	
	\$ _____
D. What is the approximate total balance of bank and credit union accounts accessible without financial penalty?	\$ _____
E. What are your average total monthly expenses , including rent/mortgage, utilities, vehicle/transportation, credit cards, insurance, medical/dental, child support, childcare, spousal maintenance, tuition, or other expenses?	\$ _____

SECTION 6. CONSENT TO ENTRY OF JUDGMENT & OATH OR AFFIRMATION

By signing this appellate application, I agree that a consent judgment may be entered against me for all fees that are deferred but remain unpaid 30 calendar days after the issuance of a decision disposing of the case unless I establish a payment plan and make timely payments, or I submit an Appellate Supplemental Application and the court has not made a ruling on it.

I declare under penalty of perjury that I have read the above statements and to the best of my knowledge and belief these statements are true and correct.

Person Filing Signature	<input type="text"/>		Date	<input type="text"/>
Person Filing Printed Name	<input type="text"/>			

SECTION 7. NEXT STEPS



You will receive a **NOTICE OF COURT FEES DUE** from the court indicating:

1. how much is owed, and
2. what steps to take to avoid a consent judgment against you.



- ✓ If the court finds you were not eligible for the fee deferral or waiver, you may be ordered to repay any amounts that were waived.
- ✓ If your case is dismissed for any reason, the fees are still due.

For Clerk's Use Only

- ARIZONA SUPREME COURT
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-

Name of Respondent/Appellee

Case Number:

**APPELLATE ORDER REGARDING
DEFERRAL OR WAIVER OF COURT
FEES**

SECTION 1. COURT FINDINGS

THE COURT FINDS that the applicant:

(print name)

1. **IS NOT ELIGIBLE FOR A FEE DEFERRAL OR A FEE WAIVER.**

OR

2. **IS ELIGIBLE FOR A FEE DEFERRAL BASED ON:**

- a. Financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.
- b. At the court's discretion (A.R.S. § 12-302(L)). Good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR

3. **IS ELIGIBLE FOR A FEE WAIVER BASED ON:**

- a. The applicant is permanently unable to pay.
- b. At the court's discretion (A.R.S. § 12-302(L)).

SECTION 2. COURT ORDERS

IT IS ORDERED:

- A. **WAIVER IS DENIED** for the following reasons:
 - 1. This is a class action. (A.R.S. § 12-302(K))
 - 2. The applicant is an ADOC inmate awaiting transportation to ADOC facilities or a non-ADOC inmate, and this is not a domestic relations action. (A.R.S. § 12-302(K))
 - 3. The applicant was previously declared a vexatious litigant by any court, and this is not a domestic relations case. (A.R.S. § 12-302(K))
 - 4. The applicant is not permanently unable to pay, or the applicant has not established a receipt of benefits from the Supplemental Security Income (SSI) program. (ACJA § 5-206(F))
- B. **WAIVER IS GRANTED** for all filing fees in this case that may be waived under A.R.S. § 12-302(H).

C. **DEFERRAL IS DENIED** for the following reason(s):

- 1. The application is incomplete because:

You are encouraged to submit a complete application.

- 2. The applicant does not meet the financial criteria for deferral because:
 - a. The applicant did not provide proof that they are receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps.
 - b. The applicant did not provide documentation that they are currently receiving services from a non-profit legal aid program approved by the Arizona Supreme Court.
 - c. The applicant did not provide documentation that their income is insufficient or barely sufficient to meet the daily essentials of life and includes no allotment that could be budgeted to pay the fees necessary to gain access to the court.

- d. Other reason:

- 3. The applicant is an incarcerated felon, and this is not a domestic relations action. (A.R.S. § 12-302(E))

D. **DEFERRAL IS GRANTED** for all filing fees in this case.

1. **THE APPLICANT MUST PAY AS FOLLOWS:**

a. **NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE OR AT THE CONCLUSION OF YOUR CASE.**

b. **PAYMENT PLAN.** The applicant must make payments until the amount due is paid in full

as follows:

Amount	\$ <input type="text"/>	Frequency	<input type="checkbox"/> each week <input type="checkbox"/> each month
Start date	<input type="text"/>		<input type="checkbox"/> other:

Signature	<input type="text"/>		Date	<input type="text"/>
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Judicial Officer Clerk of Court

SECTION 3. APPLICANT RIGHTS AND RESPONSIBILITIES

1. YOU HAVE THE RIGHT TO A JUDICIAL REVIEW IF THE COURT DENIES YOUR APPLICATION OR SETS A PAYMENT PLAN

If the court denies your application for a reason other than an incomplete application or sets a payment plan for you, you may request a judicial officer to review the decision by filing a **Request for Hearing** (Form No. AOCADFGF12F). You must file the request within 20 days of the day the order was mailed or delivered to you. If the court sets a payment plan for you, no payments will be due until the court reviews the request. The court will review the request as soon as reasonably possible.

2. YOU MAY SUBMIT AN APPELLATE SUPPLEMENTAL APPLICATION IF YOU BELIEVE YOU STILL CANNOT AFFORD TO PAY

If you do not pay the fees when they are due, you will receive a **Notice of Court Fees Due**. The **Notice of Court Fees Due** will remind you that you may submit an **Appellate Supplemental Application** (Form No. AOCADFGF9F) for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will review your **Appellate Supplemental Application** and decide at that time whether or not you must pay.

3. YOU HAVE A DUTY TO REPORT A CHANGE IN FINANCIAL CIRCUMSTANCES

An applicant who is granted a deferral or waiver must promptly notify the court of any change in financial circumstances during the course of the case that would affect the applicant's ability to pay court fees. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

SECTION 4. NOTICE REGARDING CONSENT JUDGMENT

A consent judgment may be entered against you for all fees that are deferred but remain unpaid 30 calendar days after issuance of a decision disposing of the case UNLESS:

- | | |
|---|--|
| <p>A. The fees are taxed to another party.</p> <p>B. You establish a payment plan and make timely payments.</p> <p>C. You file an Appellate Supplemental Application, and the court has not made a ruling on it.</p> <p>D. In response to the Appellate Supplemental Application, the court orders the fees to be waived or further deferred.</p> | <p>E. Within 20 days of the date the court denies the Appellate Supplemental Application,</p> <ul style="list-style-type: none">○ You pay the fees.○ You request a hearing. The court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied, and payment has not been made within the time given by the court. |
|---|--|

CERTIFICATE OF MAILING



I CERTIFY that I mailed/
delivered a copy of this
document to:

- | | |
|---|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> at above address, <input type="checkbox"/> by email |
| <input type="checkbox"/> Applicant's attorney | <input type="checkbox"/> at above address, <input type="checkbox"/> by email |

By: Clerk

Date

NOTICE OF COURT FEES DUE

IMPORTANT! Read this notice carefully. If you do not understand this notice, you may wish to seek legal advice or contact Legal Aid for help.

When your case was filed, you requested that the court defer the court fees in your case. The court granted you a deferral. A deferral means that payment was postponed, and you did not have to pay all the fees while your case was open. **The case is now over.**

You owe the court \$ in unpaid court fees in your case. You may ask the court for an explanation of fees at no cost to you.

HOW TO AVOID A JUDGMENT

You **MUST** pay the court fees, **OR**
either: establish a payment plan, **OR**
 file an appellate supplemental application

BY THIS DATE:

IF YOU DO NOT MAKE A PAYMENT, ESTABLISH A PAYMENT PLAN, OR FILE A SUPPLEMENTAL APPLICATION, a consent judgment will be entered against you for the total amount of unpaid fees. The court may then take legal steps to collect the unpaid judgment, such as:

- reporting the judgment to the credit bureaus
- garnishing your wages
- turning the judgment over to a collection agency
- intercepting your tax refund

In the appellate supplemental application, if you qualify, you can ask the court for a fee waiver (i.e., you never have to pay the fees) or further fee deferral (i.e., the court sets a payment plan).

You may also request a hearing if:

- you disagree with the amount due, or
- you file an appellate supplemental application, and the application is denied for a reason other than the application being incomplete.

Scan the QR code or go to www.azcourts.gov/courtfilinglees to obtain fee waiver and deferral forms.



YOU MAY MAKE A PAYMENT OR FILE A DOCUMENT AT:
(court name, location, and telephone)

CERTIFICATE OF MAILING



I CERTIFY that I mailed / delivered a copy of this document to:

Applicant

at address on file, by email

Applicant's attorney

at address on file, by email

By: Clerk

Date

Person Filing	<input type="text"/>
Address (if not protected)	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>
Representing <input type="checkbox"/> Self or <input type="checkbox"/> Attorney for	<input type="text"/>
Attorney's Bar Number	<input type="text"/>

For Clerk's Use Only

- ARIZONA SUPREME COURT
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-


Name of Respondent/Appellee


Case Number:


**APPELLATE SUPPLEMENTAL
APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES**

SECTION 1. BASIS OF THE CLAIM

1. I am requesting a deferral or waiver of any unpaid fees in my case because:
- A. I currently receive government assistance from the federal **SUPPLEMENTAL SECURITY INCOME (SSI)** program.*

 **YES, I am providing the required proof** that I participate in the **SSI program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



 **If you are NOT providing the required proof, you must complete the financial questionnaire in section 3.**

 * *Supplemental Security Income (SSI) is NOT the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)*


▶ **SKIP TO SECTION 4**

▶ **GO TO SECTION 3**



- B. I currently receive government assistance from **TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)** or **FOOD STAMPS**.

	<input type="checkbox"/> YES, I am providing the required proof that I participate in a GOVERNMENT ASSISTANCE program. The proof shows <u>my name as the benefit's recipient</u> and <u>the name of the agency that provides the benefit</u> .	▶ SKIP TO SECTION 4
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 3.	▶ GO TO SECTION 3
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	



- C. I was formerly granted a deferral by the court until the end of my case. **MY FINANCIAL SITUATION HAS NOT CHANGED AND IS UNLIKELY TO CHANGE** in the foreseeable future.

	GO TO SECTION 3 to complete the financial questionnaire.	▶ GO TO SECTION 3
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	

- D. **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 that have accrued. 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 your spouse or domestic partner's income if available to you.*)

	GO TO SECTION 3 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 3
	GO TO SECTION 2 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 2
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	

- E. 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.

	GO TO SECTION 3 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 3
	GO TO SECTION 2 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 2
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	

F. I do not have the money to pay court filing fees now. **I CAN PAY THE FILING FEES AT A LATER DATE. Explain.**

SECTION 2. POVERTY LEVELS CHART

The chart below lists the gross monthly income levels at 150% of the current federal poverty levels based on **household size**. Household size is the number of related individuals living in your home, including yourself, that you support financially. Use the chart to determine the poverty levels based on your household size and whether your gross monthly income is less than, or more than, 150% of the poverty levels.

(AS OF JANUARY 17, 2025)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,956	5	\$4,706
2	\$2,644	6	\$5,394
3	\$3,331	7	\$6,081
4	\$4,019	8*	\$6,769

SECTION 3. FINANCIAL QUESTIONNAIRE



You must complete the financial questionnaire UNLESS you have provided the proof required in SECTION 1(A) for SSI and 1(B) for government assistance.

1. FINANCIAL SUPPORT

A. How many people, including yourself, do you support financially? #
(including those you pay child support or spousal maintenance for)

B. List the relationship of those you support and check those living with you:

Relationship	Living with you	Relationship	Living with you
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. EMPLOYMENT

A. Do you have a job?	B. Name of your employer	C. Employer telephone
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

3. INCOME AND EXPENSES **AMOUNT**

A. What is your approximate **gross monthly income (total income before deductions)**? \$ _____

B. What is your approximate **monthly take home pay (total income after deductions)**? \$ _____

C. Do you have income from the following sources?

social security spousal or child support disability investments
 veteran's benefits unemployment benefits other: _____

1. What is your approximate **total gross monthly income** from these sources? \$ _____

2. What is your **spouse or domestic partner's approximate total gross monthly income** from all sources readily available to you? \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

D. What is the approximate **total balance of bank and credit union accounts** accessible without financial penalty? \$ _____

E. What are your **average total monthly expenses**, including rent/mortgage, utilities, vehicle/transportation, credit cards, insurance, medical/dental, child support, childcare, spousal maintenance, tuition, or other expenses? \$ _____

SECTION 4. OATH OR AFFIRMATION FOR APPELLATE SUPPLEMENTAL APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES

I declare under penalty of perjury that I have read the above statements and to the best of my knowledge and belief these statements are true and correct.

Person Filing Signature	<input type="text"/>		Date	<input type="text"/>
Person Filing Printed Name	<input type="text"/>			

For Clerk's Use Only

- ARIZONA SUPREME COURT
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-

Name of Respondent/Appellee

Case Number:

**ORDER ON APPELLATE
SUPPLEMENTAL APPLICATION**

**AN APPELLATE SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER
WAS FILED.**

SECTION 1. COURT FINDINGS

THE COURT FINDS that the applicant:

(print name)

1. **IS ELIGIBLE FOR A WAIVER.**
- a. The applicant is **permanently unable** to pay.
 - b. The applicant receives **Supplemental Security Income**.
 - c. 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.
 - d. The court exercises its **discretion** to grant a waiver as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

2. **IS ELIGIBLE FOR FURTHER FEE DEFERRAL. (Court will set a payment plan.)**

- a. The applicant has shown **good cause** for further deferral.
- b. The court exercises its **discretion** to grant further deferral as necessary and appropriate. (A.R.S. § 12-302(L))

OR

3. **IS NOT ELIGIBLE FOR A FEE WAIVER OR FURTHER FEE DEFERRAL.**

SECTION 2. COURT ORDERS

IT IS ORDERED:

(Check all options that apply)

A. **WAIVER IS GRANTED** for unpaid fees in the amount of \$.

B. **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.

C. **FURTHER DEFERRAL IS GRANTED** for unpaid fees in the amount of \$.

1. **PAYMENT IN FULL.** The applicant must pay the entire amount due by this date:

Due date

2. **PAYMENT PLAN.** The applicant must make payments until the amount due is paid in full as follows:

Amount \$

Frequency each week each month

Start date

other:

D. **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).

E. **APPLICATION IS DENIED.** Your application is incomplete because:

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.

Judicial Officer



Date

Case Number:

SECTION 3. APPLICANT RIGHTS AND RESPONSIBILITIES

RIGHT TO A HEARING

If a waiver was not granted for any reason other than the application being incomplete, 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. The court will not enter a consent judgment against you for nonpayment of fees until the hearing is held.

IF YOU DO NOT REQUEST A HEARING

If you do NOT request a hearing, **full payment is due within 20 days** from the day this order was mailed, unless you are granted a payment plan. If you do not pay the fees within the required time, the court may enter a consent judgment against you for any unpaid amounts.

CERTIFICATE OF MAILING



I CERTIFY that I mailed/delivered a copy of this document to:

- Applicant at above address, by email
- Applicant's attorney at above address, by email

By: Clerk

Date

Person Filing	<input type="text"/>
Address (if not protected)	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>
Representing <input type="checkbox"/> Self or <input type="checkbox"/> Attorney for	<input type="text"/>
Attorney's Bar Number	<input type="text"/>

For Clerk's Use Only

ARIZONA SUPREME COURT
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-


Name of Respondent/Appellee

Case Number:

REQUEST FOR A HEARING

(Check all applicable options)

1. I request a hearing on the denial of my application for waiver or further deferral.
2. I do not agree with the amount of unpaid fees provided by the court. I request a hearing on the calculation of the unpaid fees.

Person Filing Signature	<input type="text"/>		Date	<input type="text"/>
Person Filing Printed Name	<input type="text"/>			

For Clerk's Use Only

- ARIZONA SUPREME COURT
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Case Number:

-vs-

**ORDER FOR ASSESSMENT AND
COLLECTION OF INMATE COURT
FEES**

SECTION 1. COURT FINDINGS

THE COURT FINDS that:

(print party role)

is an inmate confined to a correctional facility operated by the Arizona State Department of Corrections who has initiated a civil action or proceeding, other than an action or proceeding for dissolution of marriage, legal separation, or annulment or establishment, enforcement, or modification of child support.

The amount of fees due to date is \$.

(OR ALTERNATIVELY: A STATEMENT OF FEES DUE IS ATTACHED.)

SECTION 2. COURT ORDERS

In accordance with A.R.S. § 12-302(E),

IT IS ORDERED that a first-time payment of twenty percent (20%) is assessed as a partial payment of the amount due. If monies exist, the Arizona State Department of Corrections must deduct this amount from the inmate's spendable account and remit it to this court.

Case Number:

IT IS FURTHER ORDERED that the clerk of the court forward to the Arizona State Department of Corrections an updated accounting of the amount of actual court fees.

IT IS FURTHER ORDERED that the Arizona State Department of Corrections withhold twenty percent (20%) of all deposits in the inmate's spendable account until the actual court fees are collected in full and annually, by January 31, forward any monies collected to this court. If the inmate is released before the full amount of court fees is collected, upon the inmate's release, the Arizona State Department of Corrections must forward the amount of fees collected through the date of the release.

IT IS FURTHER ORDERED that a copy of this order be mailed to the Arizona State Department of Corrections, Bureau of Business and Finance and to the inmate personally.

Signature  Date

Judicial Officer Clerk of Court