

# DEFERRAL OF FEES APPLICATION



## PINAL COUNTY

**INSTRUCTIONS AND FORMS**  
Provided as a Public Service by  
**AMANDA STANFORD**  
Clerk of the Superior Court

# **DOCUMENTS REQUIRED FOR DEFERRAL**

When submitting the Deferral Application, supporting documentation is required for approval. The court has listed below documentation that is acceptable.

**One of the following must be submitted with your Application:**

1. A copy of your last two paycheck stubs.
2. A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you.
3. If you receive Food Stamps, SSI, unemployment or any governmental assistance we will need a copy of your letter of assignment/award or verification of the amount of assistance you receive.

**If your application is based upon your current income, the deferral will be granted if the established gross income is at or below these income levels indicated below and considering the number of related individuals in the household. If your income exceeds the amount listed below, you will be set up on a payment plan.**

<b><u>Household Size:</u></b>	<b><u>Gross Monthly Income:</u></b>	<b><u>Household Size:</u></b>	<b><u>Gross Monthly Income:</u></b>
1	\$1,458.75	5	\$3,448.75
2	\$1,966.25	6	\$3,996.26
3	\$2,473.76	7	\$4,503.75
4	\$2,981.25	8*	\$5,011.25

***\*For family units with more than 8 members, add \$507.50 for each additional member.***

**The Superior Court shall collect the minimum filing fee for each deferral application submitted to the court. You may be eligible to defer this fee.**

**Administrative Directive No. 2011-04**

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

(971 N. Jason Lopez Circle Bldg. A, Florence AZ 85132)

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Attorney E-mail Address: \_\_\_\_\_  
Representing  Self (Without an Attorney) OR  
 Attorney for  Petitioner  Respondent

STATE OF ARIZONA                    )  
COUNTY OF \_\_\_\_\_) **ss.**

\_\_\_\_\_  
**Name of Petitioner/Plaintiff**

**Case Number:** \_\_\_\_\_

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

\_\_\_\_\_  
**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.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) 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. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1.  **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:
  - Temporary Assistance to Needy Families (TANF)
  - Food Stamps
  - Legal Aid Services
  
2.  **WAIVER:**
  - I receive government assistance from the federal Supplemental Security Income (SSI) program.

**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:** My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Tuition	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Transportation	\$ _____	
Other expenses (explain)	\$ _____	

**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	\$ _____
<b>TOTAL ASSETS</b>	\$ _____

**The basis for the request is:**

**4.  DEFERRAL:**

A.  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. 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.)

**OR**

B.  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.**

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**OR**

C.  My income is greater than 150% of the poverty level, but 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.

<b>DESCRIPTION OF EXPENSES</b>	<b>AMOUNT</b>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<b>TOTAL EXTRAORDINARY EXPENSES</b>	\$ <hr/>

**5.  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 are unlikely to change in the foreseeable future.

**IMPORTANT**

This "Application for Deferral or Waiver of Court Fees or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

**CONSENT TO ENTRY OF JUDGMENT.** By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

**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: