## **Pinal County Justice Courts, State of Arizona**

	SUPPLEMENTAL APPLICATION OF COURT FEES		R WAIVER
		Case Num	ber:
-			
-			
	Plaintiff(s) Name / Address / Phone	Defendant(s) Phone	Name / Address /
ST	TATE OF ARIZONA )		
CC	DUNTY OF PINAL ) SS		
pay dui <b>I a</b> i or filir	witce. A Fee Deferral is only a temporary postponement of the syments depending on your income. A Fee Waiver is usual ring the pendency of this court action.  In requesting a deferral/waiver of any unpaid fees and/o waiver because I am a participant in a government assistant and the document(s) submitted must show my name as the rarding the benefit. Note. All other applicants must complete.	r costs in my case. I undescribe the program, I am require the recipient of the benefits	financial circumstances change derstand that if I request deferral and to provide proof at the time of fit and the name of the agency
1.	[ ] WAIVER:		
	[ ] I currently receive government assistance from the (Please attach proof.)	ne federal Supplemental	Security Income (SSI) program.
	<ul> <li>I was formerly granted a deferral by the court until changed and are unlikely to change in the for government cash assistance from Temporary Ass all other cases, complete the financial questionnaire</li> </ul>	reseeable future. (If you istance to Needy Families	are receiving food stamps or
	[ ] My income is insufficient or is barely sufficient to m		s (TANF), please attach proof. In
	basis is 150% or less of the current federal povert Note: Gross monthly income includes your share of	have accrued. My gross in y level. (Complete the fina	life, and includes no allotment come as computed on a monthly ancial questionnaire in section 3.
2.	basis is 150% or less of the current federal povert	nave accrued. My gross in y level. (Complete the fination community property incoruvel, but I have proof of elisabled family members) of y level. (Complete the fination in the state of th	life, and includes no allotment come as computed on a monthly ancial questionnaire in section 3. me if available to you.) attraordinary expenses (including or other expenses that reduce my ncial questionnaire in section 3.)
2.	basis is 150% or less of the current federal povert Note: Gross monthly income includes your share of [ ] My income is greater than 150% of the poverty le medical expenses and costs of care for elderly or d gross monthly income to 150% or below the povert	nave accrued. My gross in y level. (Complete the final community property incorvel, but I have proof of existence is abled family members) of y level. (Complete the final ing fees and/or costs now	life, and includes no allotment come as computed on a monthly ancial questionnaire in section 3. me if available to you.) attraordinary expenses (including or other expenses that reduce my ncial questionnaire in section 3.)
	basis is 150% or less of the current federal povert Note: Gross monthly income includes your share of [ ] My income is greater than 150% of the poverty le medical expenses and costs of care for elderly or d gross monthly income to 150% or below the povert [ ] DEFERRAL: I do not have the money to pay court fil costs at a later date. Explain. (Complete the financial questions)	nave accrued. My gross in y level. (Complete the final community property incorvel, but I have proof of existence is abled family members) of y level. (Complete the final ing fees and/or costs now	life, and includes no allotment come as computed on a monthly ancial questionnaire in section 3. me if available to you.) attraordinary expenses (including or other expenses that reduce my ncial questionnaire in section 3.)
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	Employer name:		
	Employer name:  Employer phone number:		
	[ ] I am unemployed (explain):		_
	My prior year's gross income:		\$
ONTHLY II	NCOME		
	My total monthly gross income: My spouse's monthly gross income (if a Other current monthly income, including pensions, and lottery winnings:	vailable to me): spousal maintenance/s \$	\$support, retirement, renta
	TOTAL MONTHLY INCOME		\$
ONTHLY E	XPENSES AND DEBTS: My monthly expe	enses and debts are:	
Expla	Rent/Mortgage payment Car payment Credit card payments ain: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		\$

## **OATH OR AFFIRMATION**

I declare under penalty of perjury th	at the foregoing is true and correct.
Date	Signature
	Applicant's Printed Name
Date	Judicial Officer, Deputy Clerk or Notary Public
My Commission Expires/Seal:	