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Pinal County Justice Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>>>

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

Case Number: _____

_____	_____
_____	_____
_____	_____
_____	_____
Plaintiff(s) Name / Address / Phone	Defendant(s) Name / Address / Phone

STATEMENTS MADE TO THE COURT UNDER OATH. 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.

STATE OF ARIZONA)
COUNTY OF PINAL) ss

I am requesting a waiver or further deferral 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.**

2. ☐ **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) for disabilities ☐ General Assistance (GA)

If you checked either boxes 1 or 2a, you must complete the Financial Questionnaire. You must sign this application in front of the court clerk, or a notary public if submitted by mail or third party. You must also 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 and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary 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 the court fees and costs now. I can pay the fees and costs at a later date.**

Explain: _____

_____

_____

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If you checked either boxes 2b or 2c, you must complete the Financial Questionnaire. You must sign this application in front of the court clerk, or a notary public if submitted by mail or a third party.

FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES: List all persons you support (including paying child support and spousal maintenance):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

ASSISTANCE: I receive assistance from:

- ☐ Arizona Health Care Cost Containment System (AHCCCS)
- ☐ Arizona Long Term Case System (ALTCS)
- ☐ 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, retirement, rental, interest, pensions, dividends, 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 & debts	$ _____	$ _____
Explain:		
Food/Household supplies	$ _____	
Utilities/Telephone	$ _____	
Clothing	$ _____	
Medical/Dental	$ _____	
Nursing care	$ _____	
Laundry	$ _____	
Child support	$ _____	
Child care	$ _____	
Spousal maintenance	$ _____	
Car insurance	$ _____	
Gasoline/Bus fare	$ _____	
Retirement/Deferred comp.	$ _____	

TOTAL MONTHLY PAYMENTS $ _____

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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**
_____	$ _____
_____	$ _____
_____	$ _____

SIGNATURE UNDER PENALTY OF PERJURY

_____
Date

_____
Signature

_____
Print Your Name