

APPLYING FOR FEE WAIVER AND DEFERRAL IS A 2-STEP PROCESS

A “**waiver**” means no payments

A “**deferral**” means a payment plan or payments are postponed

STEP 1



☐ Apply for a fee waiver or deferral

When your case ends and there is a final order/decreed/judgment, you will receive a Notice with the amount and date due



Fees are due 30 days after final order/decreed/judgment is issued in your case, **UNLESS** you complete STEP 2

STEP 2

☐ Submit a Supplemental Application if your financial situation has not changed and fees may be waived

or

☐ Establish a payment plan and make timely payments

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing ☐ Self or ☐ Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

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

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 course of this court action.
- You must attach the **required proof** when filing your Supplemental Application. If you do not attach the required proof, you **must** complete the financial questionnaire in section 2.
- In the Supplemental Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

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

A. ☐ I currently receive government assistance from the federal **Supplemental Security Income** (SSI) program.

☐ I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 2.)

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

- B. ☐ I currently receive government assistance from **Temporary Assistance to Needy Families (TANF)** or **food stamps**.

☐ I have attached the required **proof** that I participate in a **government assistance program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 2.)

- 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.

☐ I have completed the **financial questionnaire** in section 2.

- 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 and costs 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.) *(See the Poverty Levels Chart in section 1(G) of this form to determine if your income is 150% or less of the poverty level.)*

☐ I have completed the **financial questionnaire** in section 2.

- 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. *(See the Poverty Levels Chart in section 1(G) of this form to determine if your income is 150% or less of the poverty level.)*

☐ I have completed the **financial questionnaire** in section 2.

- F. ☐ I do not have the money to pay court filing fees and costs now. I can pay the filing fees and costs at a later date. **Explain.** _____

- G. 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 15, 2026)

Household Size (all related individuals)	Gross Monthly Income Level- 150%	Household Size (all related individuals)	Gross Monthly Income Level- 150%
1	\$1,995	5	\$4,835
2	\$2,705	6	\$5,545
3	\$3,415	7	\$6,255
4	\$4,125	8*	\$6,965

2. FINANCIAL QUESTIONNAIRE.

You must complete unless you have attached the proof required in section 1(A) for SSI and 1(B) for government assistance.

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

List relationship of those you support and check those living with you:

☐ _____ ☐ _____ ☐ _____ ☐ _____
☐ _____ ☐ _____ ☐ _____ ☐ _____

- B. Do you have a job? [] Yes [] No

Employer name: _____

Employer phone number: _____

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

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

- E. Do you have income from the following sources?

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

Case Number: _____

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

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

G. 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? \$ _____

**OATH OR AFFIRMATION FOR SUPPLEMENTAL APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES AND COSTS**

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.

Date

Applicant's Signature

Applicant's Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing ☐ Self or ☐ Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**ORDER ON SUPPLEMENTAL
APPLICATION**

Name of Respondent/Defendant

A SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER WAS FILED.

THE COURT FINDS that the applicant (print name) _____:

☐ IS ELIGIBLE FOR A WAIVER

- ☐ The applicant is **permanently unable** to pay.
 - ☐ The applicant receives **Supplemental Security Income**.
 - ☐ 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.
 - ☐ The court exercises its **discretion** to grant a waiver as necessary and appropriate.
- (A.R.S. § 12-302(L))

OR

☐ IS ELIGIBLE FOR FURTHER DEFERRAL of fees and costs. **(Court will set a payment plan.)**

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

OR

☐ IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL of fees and costs.

IT IS ORDERED: (Check all boxes that apply)

☐ **WAIVER IS GRANTED** for unpaid fees and costs in the amount of \$ _____.

☐ **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.

☐ **FURTHER DEFERRAL IS GRANTED** for unpaid fees and costs in the amount of \$ _____.

☐ The applicant must pay the entire amount due by _____ (date).

OR

☐ The applicant must pay \$ _____ each _____ (week, month etc.) until paid in full, beginning _____.

☐ **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).

☐ **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.

RIGHT TO HEARING. If a waiver was not granted, 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 or handed to you in court. The court will not take action against you for nonpayment of fees and costs until the hearing is held.

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

DATED: _____

☐ Judicial Officer ☐ Special Commissioner

Case Number: _____

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

☐ Applicant ☐ at the above address, ☐ in court, ☐ hand delivered, ☐ by email

☐ Applicant's attorney ☐ at the above address, ☐ in court, ☐ hand delivered, ☐ by email

Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing ☐ Self or ☐ Lawyer for _____
Lawyer's Bar Number: _____

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**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

Name of Petitioner/Plaintiff

-vs-

Name of Respondent/Defendant

Case Number: _____

**REQUEST AND ORDER FOR
HEARING**

Check at least one of the following:

☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.

☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and costs.

Date

Applicant's Signature

Applicant's Printed Name

Case Number: _____

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

DATED: _____

☐ Judicial Officer ☐ Special Commissioner

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Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing ☐ Self or ☐ Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**ORDER ON SUPPLEMENTAL
APPLICATION (AFTER HEARING)**

Name of Respondent/Defendant

**A SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER WAS FILED, AND
A HEARING WAS HELD TO REVIEW THE DECISION ON THE SUPPLEMENTAL
APPLICATION.**

THE COURT FINDS that the applicant (print name) _____:

☐ IS ELIGIBLE FOR A WAIVER

- ☐ The applicant is **permanently unable** to pay.
- ☐ The applicant receives **Supplemental Security Income**.
- ☐ 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.
- ☐ The court exercises its **discretion** to grant a waiver as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

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

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IT IS ORDERED: (Check all boxes that apply)

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OR

☐ The applicant must pay \$ _____ each _____ (week, month etc.) until paid in full, beginning _____.

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DATED: _____

☐ Judicial Officer ☐ Special Commissioner

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☐ Applicant ☐ at the above address, ☐ in court, ☐ hand delivered, ☐ by email

☐ Applicant's attorney ☐ at the above address, ☐ in court, ☐ hand delivered, ☐ by email

Date

By _____
Clerk