

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

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

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

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

-vs-

\_\_\_\_\_  
Name of Respondent/Defendant

**ORDER ON SUPPLEMENTAL  
APPLICATION**

**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

**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