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

-vs-

Case Number: _____

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

[] 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.

Case Number: _____

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.

[] **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.

Full payment is due within <u>20 days</u> 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. The consent judgment may also be referred to a collection agency.

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

Clerk