

Person Filing	<input type="text"/>
Address (if not protected)	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>
Representing <input type="checkbox"/> Self or <input type="checkbox"/> Attorney for	<input type="text"/>
Attorney's Bar Number	<input type="text"/>

For Clerk's Use Only

- ARIZONA SUPREME COURT**
 ARIZONA COURT OF APPEALS, DIVISION ONE
 ARIZONA COURT OF APPEALS, DIVISION TWO

Name of Petitioner/Appellant

-vs-


Name of Respondent/Appellee

Case Number:

**APPELLATE APPLICATION FOR
DEFERRAL OR WAIVER OF COURT
FEES AND CONSENT TO ENTRY OF
JUDGMENT**

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.

 **NOTE:** Appellate applications are not needed in cases that do not have filing fees.

SECTION 1. PERSON FILING THE APPELLATE APPLICATION

1. **On whose behalf is this application being filed?**
- A. On my own behalf. (In this application, I, me/my and you/yourself refer to the applicant.)
- OR**
- B. On behalf of an estate, ward, or protected person. (In this application, I, me/my and you/yourself refer to the estate, ward, or protected person.)

SECTION 2. REQUESTING RELIEF FROM THE COURT

1. **I cannot pay any or all filing fees in my case.**

SECTION 3. BASIS OF THE CLAIM

1. I am requesting a deferral or waiver of filing fees in my case because:

A. I receive government assistance from the federal **SUPPLEMENTAL SECURITY INCOME (SSI)** program.*

	<input type="checkbox"/> YES, I am providing the required proof that I participate in the SSI program . The proof shows <u>my name as the benefit's recipient</u> and <u>the name of the agency that provides the benefit</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5
	* <i>Supplemental Security Income (SSI) is NOT the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)</i>	

OR

B. I receive **GOVERNMENT ASSISTANCE** from the state or federal program marked below:

- TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)**
- FOOD STAMPS**

	<input type="checkbox"/> YES, I am providing the required proof that I participate in a GOVERNMENT ASSISTANCE program. The proof shows <u>my name as the benefit's recipient</u> and <u>the name of the agency that provides the benefit</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5



OR

C. I receive legal assistance from a **NON-PROFIT LEGAL AID PROGRAM** approved by the Arizona Supreme Court.

	<input type="checkbox"/> YES, I am providing the required proof that I receive legal assistance from a NON-PROFIT LEGAL AID PROGRAM . The proof shows <u>my name as the recipient</u> and <u>the name of the legal aid provider that provides the assistance</u> .	▶ SKIP TO SECTION 6
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 5.	▶ GO TO SECTION 5

OR

- 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 that are required to gain access to the court. 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.)*

	GO TO SECTION 5 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 5
	GO TO SECTION 4 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 4

OR

- E. I am **PERMANENTLY UNABLE TO PAY**. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.



OR

- F. I do not have the money to pay court filing fees now. **I CAN PAY THE FILING FEES AT A LATER DATE. Explain.**

OR

- G. 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.

DESCRIPTION OF EXTRAORDINARY EXPENSES	AMOUNT
1.	\$ <input style="width: 80%;" type="text"/>
2.	\$ <input style="width: 80%;" type="text"/>
3.	\$ <input style="width: 80%;" type="text"/>
TOTAL EXTRAORDINARY EXPENSES	\$ <input style="width: 80%;" type="text"/>

	GO TO SECTION 5 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 5
	GO TO SECTION 4 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 4

SECTION 4. POVERTY LEVELS CHART

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 17, 2025)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,956	5	\$4,706
2	\$2,644	6	\$5,394
3	\$3,331	7	\$6,081
4	\$4,019	8*	\$6,769

SECTION 5. FINANCIAL QUESTIONNAIRE



You must complete the financial questionnaire UNLESS you have provided the proof required in SECTION 3(A) for SSI, 3(B) for government assistance, or 3(C) for non-profit legal aid program.

1. FINANCIAL SUPPORT

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

B. List the relationship of those you support and check those living with you:

Relationship	Living with you	Relationship	Living with you
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. EMPLOYMENT


A. Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Name of your employer <input type="text"/>	C. Employer telephone <input type="text"/>
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3. INCOME AND EXPENSES	AMOUNT
A. What is your approximate gross monthly income (total income before deductions) ?	\$ _____
B. What is your approximate monthly take home pay (total income after deductions) ?	\$ _____
C. Do you have income from the following sources?	
<input type="checkbox"/> social security <input type="checkbox"/> spousal or child support <input type="checkbox"/> disability <input type="checkbox"/> investments <input type="checkbox"/> veteran's benefits <input type="checkbox"/> unemployment benefits <input type="checkbox"/> other: _____	
1. What is your approximate total gross monthly income from these sources?	\$ _____
2. What is your spouse or domestic partner's approximate total gross monthly income from all sources readily available to you?	\$ _____
TOTAL GROSS MONTHLY INCOME:	
	\$ _____
D. What is the approximate total balance of bank and credit union accounts accessible without financial penalty?	\$ _____
E. 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?	\$ _____

SECTION 6. CONSENT TO ENTRY OF JUDGMENT & OATH OR AFFIRMATION

By signing this appellate application, I agree that a consent judgment may be entered against me for all fees that are deferred but remain unpaid 30 calendar days after the issuance of a decision disposing of the case unless I establish a payment plan and make timely payments, or I submit an Appellate Supplemental Application and the court has not made a ruling on it.

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.

Person Filing Signature	<input type="text"/>		Date	<input type="text"/>
Person Filing Printed Name	<input type="text"/>			

SECTION 7. NEXT STEPS



You will receive a **NOTICE OF COURT FEES DUE** from the court indicating:

1. how much is owed, and
2. what steps to take to avoid a consent judgment against you.



- ✓ If the court finds you were not eligible for the fee deferral or waiver, you may be ordered to repay any amounts that were waived.
- ✓ If your case is dismissed for any reason, the fees are still due.