

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

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 SUPPLEMENTAL
APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES**

SECTION 1. BASIS OF THE CLAIM

1. I am requesting a deferral or waiver of any unpaid fees in my case because:
- A. I currently receive government assistance from the federal **SUPPLEMENTAL SECURITY INCOME (SSI)** program.*

 **YES, I am providing the required proof** that I participate in the **SSI program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



 **If you are NOT providing the required proof, you must complete the financial questionnaire in section 3.**

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


▶ SKIP TO SECTION 4

▶ GO TO SECTION 3



B. I currently receive government assistance from **TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)** or **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 4
	If you are NOT providing the required proof, you must complete the financial questionnaire in section 3.	▶ GO TO SECTION 3
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	



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.

	GO TO SECTION 3 to complete the financial questionnaire.	▶ GO TO SECTION 3
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	

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 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.)*

	GO TO SECTION 3 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 3
	GO TO SECTION 2 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 2
	<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.	

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.

	GO TO SECTION 3 to complete the financial questionnaire and calculate your gross monthly income.	▶ GO TO SECTION 3
	GO TO SECTION 2 to determine if your income is 150% or less of the poverty level for your household size.	▶ GO TO SECTION 2
<input type="checkbox"/> YES, I have completed the financial questionnaire in section 3.		

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

SECTION 2. 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 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

SECTION 3. FINANCIAL QUESTIONNAIRE



You must complete the financial questionnaire UNLESS you have provided the proof required in SECTION 1(A) for SSI and 1(B) for government assistance.

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
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Case Number:

- | | | | |
|----------|--|----------|--|
| 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?

- social security spousal or child support disability investments
 veteran's benefits unemployment benefits 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 4. OATH OR AFFIRMATION FOR APPELLATE SUPPLEMENTAL APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES

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



Date

Case Number:

Person Filing Printed Name