

Mohave County Limited Jurisdiction Courts, State of Arizona
SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT>>>

CASE NUMBER: _____

Appellant Name / Address / Phone

Appellee Name / Address / Phone

Attorney for Appellant Name / Address / Phone

Attorney for Appellee Name / Address / Phone

APPLICATION FOR WAIVER OR DEFERRAL OF FEES AND COSTS

(Limited Jurisdiction Appeal – Civil)

Form 3

STATEMENT UNDER OATH. I swear or affirm that the information I have provided in this application is true and correct. I make this statement under the penalty of perjury.

NOTE: Sign this application in front of the court clerk or a notary public.

I am requesting a:

1. **WAIVER:** I am permanently unable to pay the court fees. My income and assets are insufficient or barely sufficient to meet my basic needs and my financial situation is not likely to change in the foreseeable future. Without a waiver, I will not be able to pursue my appeal.

2. **DEFERRAL:** I am temporarily unable to pay the court fees because:

Without a deferral,
I will not be able to pursue my appeal.

NOTE: If you receive a deferral, you will receive a Notice of Court Fees and Costs Due at the completion of your case. You will have thirty (30) calendar days to pay those costs and fees unless you submit another application for deferral or waiver.

3. **GOVERNMENTAL ASSISTANCE:** If you receive governmental assistance, indicate which programs apply below and attach proof to this Application:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI) for disabilities
- General Assistance (GA)
- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Long Term Care System (ALTCS)
- Housing Assistance
- Food Stamps
- Other: _____

4. **SUPPORT RESPONSIBILITIES:** List all persons you support (including paying child support and spousal maintenance):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

5. **MONTHLY INCOME:** My gross (total) monthly income is: _____

6. **EMPLOYMENT:**

I am employed by _____

Address: _____

Phone: _____

I am unemployed.

7. **STATEMENT OF ASSETS:** List only those assets available to you and accessible without financial penalty. (Equity is defined by market value minus liens or loans.)

Cash/Bank Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement accounts	\$ _____

TOTAL ASSETS \$ _____

8. **MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

Rent/Mortgage	\$ _____	\$ _____
Car	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Household Expenses		
Child care	\$ _____	
Insurance	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	

TOTAL MONTHLY PAYMENTS: \$ _____

9. **EXTRAORDINARY EXPENSES:** (medical expenses, costs of care for elderly or disabled family members, other). (Attach proof of such expenses to this application.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXTRAORDINARY EXPENSES \$ _____

ACKNOWLEDGMENT AND SIGNATURE UNDER OATH

Date: _____ Signature: _____

Print Your Name: _____

SUBSCRIBED AND SWORN or affirmed or acknowledged before me on (date) _____
by _____

My Commission expires: _____
Judicial Officer, Clerk or Notary Public