

CASE NUMBER: \_\_\_\_\_

Plaintiff/Petitioner \_\_\_\_\_

DATE: \_\_\_\_\_

Defendant/Respondent \_\_\_\_\_

**DEFERRED FEE APPLICATION INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SSN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE(H): ( ) \_\_\_\_\_ PHONE (W): ( ) \_\_\_\_\_

DO YOU HAVE AN ATTORNEY?  YES  NO PHONE (Cell): ( ) \_\_\_\_\_

*(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below)).*

**FINANCIAL STATUS OF A DEFERRED FEE**

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ \_\_\_\_\_

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

    CASH  CHECK

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LAST 3 DIGITS ON SIGNATURE PANEL: \_\_\_\_\_

BALANCE OF DEFERRED FEE(S) DUE ON \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

I (APPLICANT) SHALL MAKE ( WEEKLY  MONTHLY) PAYMENTS OF \$ \_\_\_\_\_

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

**APPLICANT:** \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

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**ASSISTANCE RECEIVED/ INCOME INFORMATION**

- TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)  SSI
- FOOD STAMPS  GENERAL ASSISTANCE
- COMMUNITY LEGAL SERVICE  < 150%

**APPLICANT:** \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

**APPLICANT**

Complete all information in this section.

**Special Commissioner**

Complete all information for each deferred fee in this section.

**Special Commissioner**

Complete this section if a payment plan is set up.

Cross out if deferred until further notice.

**APPLICANT:**

**Special Commissioner**

Check why deferred until further notice.

**APPLICANT:**