

CASE NUMBER: _____

Plaintiff/Petitioner _____

DATE: _____

Defendant/Respondent _____

APPLICANT

Complete all information in this section.

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: \$ _____

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.

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: _____

Special Commissioner

Check why deferred until further notice.

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

ASSISTANCE RECEIVED/ INCOME INFORMATION

TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)

SSI

FOOD STAMPS

< 150%

COMMUNITY LEGAL SERVICES

Applicant:

APPLICANT SIGNATURE: _____