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Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

**REQUEST AND ORDER FOR HEARING**

Name of Respondent/Defendant

**Check at least one of the following:**

I request a hearing on the denial of my supplemental application for waiver or further deferral.

I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court.  
I request a hearing on the calculation of the unpaid fees and costs.

Date: \_\_\_\_\_

Signature

Applicant's Printed Name

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The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_

Hearing Location: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

Judicial Officer     Special Commissioner

Mailed/handed to applicant on \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_