

IN THE SUPREME COURT OF THE STATE OF ARIZONA
ADMINISTRATIVE OFFICE OF THE COURTS

In the Matter of:)	
)	
MODIFICATION AND CORRECTION)	Administrative Directive
OF FEE DEFERRAL AND WAIVER)	No. 2022 - <u>10</u>
FORMS)	(Affecting Administrative
)	Directive No. 2022-06)
)	

Arizona Code of Judicial Administration (ACJA) § 5-206 authorizes the Administrative Director to approve or modify fee deferral and waiver forms to reflect changes in laws, court rules or procedures, and to make other necessary administrative amendments or corrections.

In response to feedback received, the Administrative Office of the Courts has determined that a delayed implementation date and modifications to the forms that were adopted by Administrative Directive No. 2022-06 would be beneficial for all courts.

Therefore, to make necessary administrative amendments and corrections,

IT IS DIRECTED that the fee deferral and waiver forms adopted by Administrative Directive No. 2022-06 shall be replaced by the revised forms in Appendix A of this directive;

IT IS FURTHER DIRECTED that a new form, the Consent to Entry of Judgment, as shown in Appendix B, shall be adopted; and

IT IS FURTHER DIRECTED that effective September 6, 2022, all Arizona courts shall use the modified fee deferral and waiver forms as provided by this directive.

Dated this 15th day of August, 2022.

MARCUS REINKENSMEYER
Deputy Administrative Director of the Courts

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

-vs-

Name of Respondent/Defendant

Case Number: _____

**APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES OR
COSTS AND CONSENT TO ENTRY
OF JUDGMENT**

NOTICE

- A **Fee Deferral** is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income.
- A **Fee Waiver** is usually permanent unless your financial circumstances change during the course of this court action.
- You must attach the **required proof** when filing your Application. If you do not attach the required proof, you **must** complete the financial questionnaire in section 3.
- In the Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

1. I cannot pay the following fees and costs in my case:

- Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program for divorce and legal separation cases required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, fees for obtaining one certified copy of a temporary order in a family court case or a final order, judgment, or decree in all civil proceedings.
- Fees for service of process by a sheriff, marshal, constable, or law enforcement agency.*
- Fees for service by publication.*
- Filing fees and photocopy fees for the preparation of the record on appeal.
- Court reporter or transcriber fees for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

***NOTE:** To defer or waive fees for service of process or for service by publication, you must also complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

2. I am requesting a deferral or waiver of fees and costs in my case because:

A. I receive government assistance from the federal Supplemental Security Income (SSI) program.*

I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to 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)*

OR

B. I receive government assistance from the state or federal program marked below:

Temporary Assistance to Needy Families (TANF)

Food Stamps

I have attached the required **proof** that I participate in a **government assistance program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 3.)

OR

C. I receive legal assistance from a non-profit legal aid program.

I have attached the required **proof** that I receive legal assistance from a **non-profit legal aid program**. The proof shows my name as the recipient and the name of the legal aid provider that provides the assistance.



(If you have attached proof, you do not need to complete the financial questionnaire in section 3.)

OR

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 and costs that are required to gain access to the court. 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.) *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

OR

E. I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

OR

F. I do not have the money to pay court filing fees and costs now. I can pay the filing fees and costs at a later date. Explain. _____

OR

G. 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. *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

DESCRIPTION OF EXTRAORDINARY EXPENSES	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES	\$ _____

H. **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 12, 2022)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,699	5	\$4,059
2	\$2,289	6	\$4,649
3	\$2,879	7	\$5,239
4	\$3,469	8*	\$5,829

3. FINANCIAL QUESTIONNAIRE

You must complete the financial questionnaire unless you have attached the proof required in section 2(A) for SSI, 2(B) for government assistance, or 2(C) for non-profit legal aid program.

A. How many people, including yourself, do you support financially (including those you pay child support or spousal maintenance for)? _____

List relationship of those you support and check those living with you:

_____ _____ _____ _____
 _____ _____ _____ _____

B. Do you have a job? [] Yes [] No

Employer name: _____

Employer phone number: _____

C. What is your approximate **gross monthly income (total income before deductions)**? \$ _____

D. What is your approximate **monthly take home pay (total income after deductions)**? \$ _____

E. Do you have income from the following sources?

[] social security [] disability [] veteran's benefits
[] unemployment benefits [] spousal or child support
[] investments [] other: _____

• What is your approximate **total gross monthly income** from these sources? \$ _____

• What is your **spouse or domestic partner's approximate total gross monthly income** from all sources readily available to you? \$ _____

F. What is the approximate **total balance of bank and credit union accounts** accessible without financial penalty? \$ _____

G. 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? \$ _____

CONSENT TO ENTRY OF JUDGMENT

By signing this Application, I agree that a consent judgment may be entered against me for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless I establish a payment plan and make timely payments, or I submit a Supplemental Application and the court has not made a ruling on it.

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

NOTE: You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

If you are asking for deferral or waiver for service of process costs, or service by publication costs, you must complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

OATH OR AFFIRMATION FOR APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND COSTS

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.

Date

Applicant's Signature

Applicant's Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff
-vs-

Name of Respondent/Defendant

Case Number: _____

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR DEFERRAL OR
WAIVER OF SERVICE OF PROCESS
FEE**

NOTICE

- A **Fee Deferral** is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income.
- A **Fee Waiver** is usually permanent unless your financial circumstances change during the course of this court action.

1. I have requested a deferral or waiver of the following fees in my case:

A. Fees for service of process by a sheriff, marshal, constable, or law enforcement agency.

In support of my request, I state that (check one box):

I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.

It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):

An enforceable Injunction Against Harassment has been granted to me against the person to be served.

B. [] Fees for publication.

In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person (check and complete any that apply):

[] This is what I did to try to find the other party (explain):

[] I have contacted the person(s) listed below to try to find the location of the other party.

Name: _____

Address: _____

Name: _____

Address: _____

OATH OR AFFIRMATION FOR AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEE

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.

Date

Applicant's Signature

Applicant's Printed Name

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, the last known address of the person to be served as:

as of _____.
[insert date]

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

Name of Respondent/Defendant

**ORDER REGARDING DEFERRAL
OR WAIVER OF COURT FEES AND
COSTS**

THE COURT FINDS that the applicant or estate/ward/protected person, _____
_____ (print name):

1. IS NOT ELIGIBLE FOR A DEFERRAL or FOR A WAIVER of fees and costs.

OR

2. IS ELIGIBLE FOR A DEFERRAL of fees and costs based on:

- Financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.
- At the court's discretion (A.R.S. § 12-302(L)).
- Good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR

3. IS ELIGIBLE FOR A WAIVER of fees and costs based on:

- Applicant is permanently unable to pay.
- At the court's discretion (A.R.S. § 12-302(L)).

IT IS ORDERED:

WAIVER IS DENIED for the following reasons:

- This is a class action. (A.R.S. § 12-302(K))
- The applicant is an ADOC inmate awaiting transportation to ADOC facilities or a non-ADOC inmate, and this is not a domestic relations action. (A.R.S. § 12-302(K))
- The applicant was previously declared a vexatious litigant by any court, and this is not a domestic relations case. (A.R.S. § 12-302(K))
- The applicant is not permanently unable to pay or the applicant has not established a receipt of benefits from the Supplemental Security Income (SSI) program. (ACJA § 5-206(F))

WAIVER IS GRANTED for the following fees and costs in this case that may be waived under A.R.S. § 12-302(H):

- Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, and fees for obtaining one certified copy of a temporary order in a family court case or a final order, judgment, or decree in all civil proceedings.
- Fees for service of process by a sheriff, marshal, constable, or law enforcement agency.
- Fees for service by publication.
- Filing fees and photocopy fees for the preparation of the record on appeal.
- Court reporter or transcriber fees for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

DEFERRAL IS DENIED for the following reason(s):

The application is incomplete because _____

You are encouraged to submit a complete application.

The applicant does not meet the financial criteria for deferral because:

- The applicant did not provide proof that they are receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps;
- The applicant did not provide documentation that they are currently receiving services from a non-profit legal aid program;
- The applicant did not provide documentation that their income is insufficient or barely sufficient to meet the daily essentials of life and includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court;

Other reason: _____

The applicant is an incarcerated felon, and this is not a domestic relations action. (A.R.S. § 12-302(E))

DEFERRAL IS GRANTED for the following fees and costs in this court:

Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, and fees for obtaining one certified copy of a temporary order in a family court case or a final order, judgment, or decree in all civil proceedings.

Fees for service of process by a sheriff, marshal, constable, or law enforcement agency.

Fees for service by publication.

Filing fees and photocopy fees for the preparation of the record on appeal.

Court reporter or transcriber fees for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

IF A DEFERRAL IS GRANTED, APPLICANT MUST PAY AS FOLLOWS:

NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE OR AT THE CONCLUSION OF YOUR CASE.

PAYMENT PLAN. The applicant must pay \$_____ each _____ (week, month etc.) until paid in full, beginning _____.

PAYMENT DUE DATE. The applicant must pay the service of process fee of \$_____ on or before _____.

RIGHT TO JUDICIAL REVIEW. If the court denies your application or sets a payment plan for you, you may request a judicial officer to review the decision by filing a **Request and Order for Hearing** (Form No. AOCDFGF12F). You must file the request within 20 days of the day the order was mailed or delivered to you. If the court sets a payment plan for you, no payments will be due until the court reviews the request. The court will review the request as soon as reasonably possible.

If you do not pay the service of process fees when they are due, you will receive a **Notice of Court Fees and Costs Due**. The **Notice of Court Fees and Costs Due** will remind you that you may submit a **Supplemental Application** (Form No. AOCDFGF9F) for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will review your **Supplemental Application** and decide at that time whether or not you must pay.

NOTICE OF COURT FEES AND COSTS DUE

IMPORTANT!

Read this notice carefully. If you do not understand this notice, you may wish to seek legal advice or contact Legal Aid for help.

When your case was filed, you requested that the court defer the court fees and costs in your case. The court granted you a deferral. A deferral means that payment was postponed, and you did not have to pay all the costs and fees while your case was open. The case is now over.

You owe the court \$_____ in unpaid court fees and costs in your case. You may ask the court for an itemized statement at no cost to you.

To avoid a judgment, by_____, you **MUST** either:

- pay the court fees and costs, or
- establish a payment plan, or
- file a supplemental application for waiver or further deferral.

If you do not, a consent judgment will be entered against you for the total amount of unpaid fees and costs. The court may then take legal steps to collect the unpaid judgment, such as:

- reporting the judgment to the credit bureaus
- garnishing your wages
- intercepting your tax refund
- turning the judgment over to a collection agency.

In the supplemental application, if you qualify, you can ask the court for a waiver (i.e., you never have to pay the fees) or further deferral (i.e., the court sets a payment plan) of fees and costs.

You may also request a hearing if:

- you disagree with the amount due in the itemized statement,
- you file a supplemental application, and the application is denied.

Scan the QR code or go to www.azcourts.gov/courtfilingsfees to obtain fee waiver and deferral forms.



You may make the payment or file a supplemental application at (court name, location, and telephone):

I CERTIFY that I mailed/delivered a copy of this document to:

- Applicant at the above address, in court, hand delivered, by email
 Applicant's attorney at the above address, in court, hand delivered, by email

Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

-vs-

Name of Respondent/Defendant

Case Number: _____

**SUPPLEMENTAL APPLICATION
FOR DEFERRAL OR WAIVER OF
COURT FEES AND COSTS**

NOTICE

- A **Fee Deferral** is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income.
- A **Fee Waiver** is usually permanent unless your financial circumstances change during the course of this court action.
- You must attach the **required proof** when filing your Supplemental Application. If you do not attach the required proof, you **must** complete the financial questionnaire in section 2.
- In the Supplemental Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

1. I am requesting a waiver or deferral of any unpaid fees and costs in my case.

A. I currently receive government assistance from the federal **Supplemental Security Income** (SSI) program.

I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 2.)

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

- B. I currently receive government assistance from **Temporary Assistance to Needy Families (TANF)** or **food stamps**.

I have attached the required **proof** that I participate in a **government assistance program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 2.)

- 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.

I have completed the **financial questionnaire** in section 2.

- 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 and costs 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.) (*See the Poverty Levels Chart in section 1(G) of this form to determine if your income is 150% or less of the poverty level.*)

I have completed the **financial questionnaire** in section 2.

- 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. (*See the Poverty Levels Chart in section 1(G) of this form to determine if your income is 150% or less of the poverty level.*)

I have completed the **financial questionnaire** in section 2.

- F. I do not have the money to pay court filing fees and costs now. I can pay the filing fees and costs at a later date. **Explain.** _____

G. 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 12, 2022)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,699	5	\$4,059
2	\$2,289	6	\$4,649
3	\$2,879	7	\$5,239
4	\$3,469	8*	\$5,829

2. FINANCIAL QUESTIONNAIRE.

You must complete unless you have attached the proof required in section 1(A) for SSI and 1(B) for government assistance.

A. How many people, including yourself, do you support financially (including those you pay child support or spousal maintenance for)? _____

List relationship of those you support and check those living with you:

B. Do you have a job? [] Yes [] No

Employer name: _____

Employer phone number: _____

C. What is your approximate **gross monthly income (total income before deductions)**? \$ _____

D. What is your approximate **monthly take home pay (total income after deductions)**? \$ _____

E. Do you have income from the following sources?

social security
 disability
 veteran's benefits
 unemployment benefits
 spousal or child support
 investments
 other: _____

Case Number: _____

- What is your approximate **total gross monthly income** from these sources? \$ _____
- What is your **spouse or domestic partner's approximate total gross monthly income** from all sources readily available to you? \$ _____

F. What is the approximate **total balance of bank and credit union accounts** accessible without financial penalty? \$ _____

G. 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? \$ _____

**OATH OR AFFIRMATION FOR SUPPLEMENTAL APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES AND COSTS**

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.

Date

Applicant's Signature

Applicant's Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**ORDER ON SUPPLEMENTAL
APPLICATION**

Name of Respondent/Defendant

A SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER WAS FILED.

THE COURT FINDS that the applicant (print name) _____:

[] IS ELIGIBLE FOR A WAIVER

- The applicant is **permanently unable** to pay.
- The applicant receives **Supplemental Security Income**.
- The applicant previously was **granted a deferral** and his or her income and financial circumstances have not changed and are unlikely to change in the foreseeable future.
- The court exercises its **discretion** to grant a waiver as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

[] IS ELIGIBLE FOR FURTHER DEFERRAL of fees and costs. **(Court will set a payment plan.)**

- The applicant has shown **good cause** for further deferral.
- The court exercises its **discretion** to grant further deferral as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

[] IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL of fees and costs.

IT IS ORDERED: (Check all boxes that apply)

WAIVER IS GRANTED for unpaid fees and costs in the amount of \$ _____.

WAIVER IS DENIED. The applicant does not meet the financial criteria for waiver because:

A waiver **MUST BE** granted upon proof that the applicant is permanently unable to pay or meets one of the eligibility factors listed above.

FURTHER DEFERRAL IS GRANTED for unpaid fees and costs in the amount of \$ _____.

The applicant must pay the entire amount due by _____ (date).

OR

The applicant must pay \$ _____ each _____ (week, month etc.) until paid in full, beginning _____.

FURTHER DEFERRAL IS DENIED because the applicant has not demonstrated good cause, or it is not necessary or appropriate under A.R.S. § 12-302(L).

APPLICATION IS DENIED. Your application is incomplete because:

NOTE: You are encouraged to submit a complete application before the court enters a consent judgment against you. A consent judgment would order you to pay any unpaid amounts due, and this consent judgment may be referred to a collection agency.

RIGHT TO HEARING. If a waiver was not granted, you may request a hearing for a review of this order. You must request a hearing within 20 days of the day this order was mailed or handed to you in court. The court will not take action against you for nonpayment of fees and costs until the hearing is held.

If you do NOT request a hearing, full payment is due within 20 days from the day this order was mailed or handed to you in court, unless you are granted a payment plan. If you do not pay the fees and costs within the required time, the court may enter a consent judgment against you for any unpaid amounts.

DATED: _____

_____ Judicial Officer Special Commissioner

I CERTIFY that I mailed/delivered a copy of this document to:

Applicant at the above address, in court, hand delivered, by email

Applicant's attorney at the above address, in court, hand delivered, by email

Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**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

Applicant's Signature

Applicant's Printed Name

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

I CERTIFY that I mailed/delivered a copy of this document to:

Applicant at the above address, in court, hand delivered, by email

Applicant's attorney at the above address, in court, hand delivered, by email

Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**ORDER ON SUPPLEMENTAL
APPLICATION (AFTER HEARING)**

Name of Respondent/Defendant

**A SUPPLEMENTAL APPLICATION FOR FEE DEFERRAL OR WAIVER WAS FILED, AND
A HEARING WAS HELD TO REVIEW THE DECISION ON THE SUPPLEMENTAL
APPLICATION.**

THE COURT FINDS that the applicant (print name) _____:

IS ELIGIBLE FOR A WAIVER

- The applicant is **permanently unable** to pay.
- The applicant receives **Supplemental Security Income**.
- The applicant previously was **granted a deferral** and his or her income and financial circumstances have not changed and are unlikely to change in the foreseeable future.
- The court exercises its **discretion** to grant a waiver as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

IS ELIGIBLE FOR FURTHER DEFERRAL of fees and costs. **(Court will set a payment plan.)**

- The applicant has shown good cause for further deferral.
- The court exercises its discretion to grant further deferral as necessary and appropriate.
(A.R.S. § 12-302(L))

OR

IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL of fees and costs.

IT IS ORDERED: (Check all boxes that apply)

WAIVER IS GRANTED for unpaid fees and costs in the amount of \$_____.

WAIVER IS DENIED. The applicant does not meet the financial criteria for waiver because:

A waiver **MUST BE** granted upon proof that the applicant is permanently unable to pay.

FURTHER DEFERRAL IS GRANTED for unpaid fees and costs in the amount of \$_____.

The applicant must pay the entire amount due by _____ (date).

OR

The applicant must pay \$ _____ each _____ (week, month etc.) until paid in full, beginning _____.

FURTHER DEFERRAL IS DENIED because the applicant has not demonstrated good cause, or it is not necessary or appropriate under A.R.S. § 12-302(L).

APPLICATION IS DENIED. Your application is incomplete because:

NOTE: You are encouraged to submit a complete application before the court enters a consent judgment against you. A consent judgment would order you to pay any unpaid amounts due, and this consent judgment may be referred to a collection agency.

Full payment is due within 20 days from the day this order was mailed or handed to you in court, unless you are granted a payment plan. If you do not pay the fees and costs within the required time, the court may enter a consent judgment against you for any unpaid amounts. The consent judgment may also be referred to a collection agency.

DATED: _____

Judicial Officer Special Commissioner

I CERTIFY that I mailed/delivered a copy of this document to:

 Applicant at the above address, in court, hand delivered, by email
 Applicant's attorney at the above address, in court, hand delivered, by email

Date Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**CONSENT JUDGMENT FOR COURT
FEES AND COSTS**

Name of Respondent/Defendant

An application for deferral of court fees and costs has been granted in this case. Pursuant to A.R.S. § 12-302(F), the applicant signed a consent to entry of judgment for court fees and costs not taxed to another party that remain unpaid 30 calendar days following entry of a final judgment, decree, or order. MORE THAN 30 days have passed since the entry of final judgment, decree, or order and unpaid fees and costs exist, which the applicant is responsible to pay.

[] The applicant has not filed a supplemental application for waiver or further deferral;

OR

[] The applicant has filed a supplemental application for waiver or further deferral, which has been denied by the court, **AND EITHER:**

[] More than 20 days have passed since the denial and the applicant has neither requested a hearing nor paid the unpaid fees and costs;

OR

[] Within 20 days, the applicant has requested a hearing, and, after the hearing, the court has reaffirmed the denial and the applicant has failed to pay the fees and costs within the time allowed by the court;

OR

[] The applicant has filed a supplemental application. Further deferral has been granted and the applicant failed to pay the amount due as ordered.

Case Number: _____

CONSENT JUDGMENT IS GRANTED in favor of this court and against _____
in the amount of \$ _____, representing the total amount of unpaid deferred court fees and
costs remaining that the applicant is responsible to pay.

DATED: _____

Judicial Officer

I CERTIFY that I mailed/delivered a copy of this document to:

- Applicant at the above address, in court, hand delivered, by email
- Applicant's attorney at the above address, in court, hand delivered, by email

Date

By _____
Clerk

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

Name of Respondent/Defendant

**SIMPLIFIED APPLICATION FOR
DEFERRAL OR WAIVER OF
COURT FEES OR COSTS AND
CONSENT TO ENTRY OF
JUDGMENT**

NOTICE

- A **Fee Deferral** is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income.
- A **Fee Waiver** is usually permanent unless your financial circumstances change during the course of this court action.
- In the Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

1. I cannot pay the following fees and costs in my case:

- Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program for divorce and legal separation cases required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, fees for obtaining one certified copy of a temporary order in a family court case or a final order, judgment, or decree in all civil proceedings.
- Fees for service of process by a sheriff, marshal, constable, or law enforcement agency.*
- Fees for service by publication.*
- Filing fees and photocopy fees for the preparation of the record on appeal.
- Court reporter or transcriber fees for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

***NOTE:** To defer or waive fees for service of process or for service by publication, you must also complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

2. I am requesting a deferral or waiver of fees and costs in my case because:

A. I receive government assistance from the federal Supplemental Security Income (SSI) program.*

I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.

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

OR

B. I receive government assistance from the state or federal program marked below:

Temporary Assistance to Needy Families (TANF)

Food Stamps

I have attached the required **proof** that I participate in a **government assistance program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.

CONSENT TO ENTRY OF JUDGMENT

By signing this Application, I agree that a consent judgment may be entered against me for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless I establish a payment plan and make timely payments, or I submit a Supplemental Application and the court has not made a ruling on it.

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

NOTE: You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

If you are asking for deferral or waiver for service of process costs, or service by publication costs, you must complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

Case Number: _____

**OATH OR AFFIRMATION FOR SIMPLIFIED APPLICATION FOR DEFERRAL OR
WAIVER OF COURT FEES AND COSTS**

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.

Date

Applicant's Signature

Applicant's Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**CONFIDENTIAL PERSONAL
FINANCIAL AFFIDAVIT
(OPTIONAL USE)**

Name of Respondent/Defendant

I, _____, am applying for a deferral or waiver of court fees and costs pursuant to A.R.S. § 12-302. The **Application for Deferral or Waiver of Court Fees and Costs** requires a consent to entry of judgment. By signing the consent judgment, I have agreed that a consent judgment may be entered against me for all fees and costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order.

I understand that the court may take legal steps to collect the unpaid judgment, which require the use of my social security number, such as (1) referring the consent judgment to a collection program (A.R.S. § 12-116.03), (2) entry into a tax intercept program (A.R.S. § 42-1122(b)), and (3) reporting of the debt to credit bureaus (A.R.S. § 12-288).

I understand that the information provided is collected for administrative purposes and will be maintained as confidential information under Rule 123, Rules of the Supreme Court, unless needed to enforce the consent judgment as specified above. Therefore,

I verify that my social security number is _____ - _____ - _____

OR

I verify that I do not possess a valid social security number.

Case Number: _____

I declare under penalty of perjury that the foregoing is true and correct.

Date

Applicant's Signature

Applicant's Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**ORDER FOR ASSESSMENT AND
COLLECTION OF INMATE COURT
FEES AND COSTS**

Name of Respondent/Defendant

THE COURT FINDS that Petitioner/Plaintiff is an inmate confined to a correctional facility operated by the Arizona State Department of Corrections who has initiated a civil action or proceeding, other than an action or proceeding for dissolution of marriage, legal separation, or annulment or establishment, enforcement or modification of child support. The amount of fees and costs due to date is \$ _____. (OR ALTERNATIVELY: [] A STATEMENT OF FEES AND COSTS DUE IS ATTACHED.)

In accordance with A.R.S. § 12-302(E),

IT IS ORDERED that a first-time payment of twenty percent (20%) is assessed as a partial payment of the amount due. If monies exist, the Arizona State Department of Corrections will deduct this amount from the inmate's spendable account and remit it to the court.

IT IS FURTHER ORDERED that the clerk of the court will forward to the Arizona State Department of Corrections an updated accounting of the amount of actual court fees and costs.

IT IS FURTHER ORDERED that the Arizona State Department of Corrections will withhold twenty percent (20%) of all deposits in the inmate's spendable account until the actual court fees and costs are collected in full and will annually forward any monies collected to this court. Upon the inmate's release, the Arizona State Department of Corrections will forward the amount of fees and costs collected through the date of the release.

Case Number: _____

IT IS FURTHER ORDERED that a copy of this order be mailed to the Arizona State Department of Corrections, Bureau of Business and Finance and to the inmate personally.

DATED: _____

 Judicial Officer **Special Commissioner**

[YOUR LEGAL SERVICES HEADER]
[ADDRESS]
[TELEPHONE CONTACT]
[DATE OF APPROVAL FOR SERVICES]
[DATE]

Re: **Verification of Party's Receipt of Non-Profit Legal Services**

Dear Clerk of Court:

This letter shall confirm that [CLIENT'S NAME] is our client and is currently receiving services from our office for their [CASE TYPE]. Please accept this letter as adequate verification of our organization's services to our client.

Accordingly, we ask that you defer or waive the filing fee our client would otherwise be expected to pay in this type of case, and do so without requiring them to fill out Section 3 of the *Application for Deferral or Waiver of Court Fees or Cost and Consent to Entry of Judgment* ("Application"), the financial questionnaire, or provide any other proof of indigence.

This verification shall not act as a "Notice of Appearance" on behalf of the client, and we are not their attorney of record. Should we decide to provide direct representation to them, a Notice of Appearance reflecting that representation will be filed.

NOTE. This verification must be filed, along with the Application, within ninety (90) days of the above date. If the verification is filed beyond ninety (90) days, we cannot verify the client remains eligible for our services. If the person attempts to file this verification beyond ninety (90) days from the date of this letter, please refer them back to our office for a determination of their continuing eligibility for our services.

Please feel free to contact me if you have any questions or concerns.

Sincerely yours,

COMMUNITY LEGAL SERVICES
[YOUR ORGANIZATION'S INFORMATION]

[YOUR NAME AND CONTACT INFORMATION]

Appendix B

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

_____ **COURT OF ARIZONA**
IN _____ **COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

**CONSENT TO ENTRY OF
JUDGMENT** (for fee waiver and deferral
applications by verbal avowal)

Name of Respondent/Defendant

Pursuant to A.R.S. § 12-302(F), a consent judgment may be entered against you for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless you establish a payment plan and make timely payments, or you submit a Supplemental Application, and the court has not made a ruling on it.

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

NOTE: You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

OATH OR AFFIRMATION FOR CONSENT TO ENTRY OF JUDGMENT

By signing below, I acknowledge under oath that I have read this document and consent to the entry of a judgment against me pursuant to A.R.S. § 12-302(F).

Date

Applicant's Signature

Applicant's Printed Name