

# APPENDIX

## A

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff

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

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

\_\_\_\_\_  
Name of Respondent/Defendant

STATE OF ARIZONA )  
COUNTY OF \_\_\_\_\_ ) ss.

**IMPORTANT**

This ***“Application for Deferral or Waiver of Court Fees and/or Costs”*** includes a ***“Consent to Entry of Judgment.”*** By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a Notice of Court Fees and Costs Due indicating how much is owed and what step you must take to avoid a judgment against you if you are still unable to pay. Additional details about this process are discussed in the ***“Consent to Entry of Judgment”*** section of this application.

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**I am requesting a deferral/waiver of the following fees and/or costs in my case:**

- Any or all of the following: All filing fees, fees for the issuance of either a summons and subpoena, or fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.
- Fees for service of process by a sheriff, marshal, constable or local law enforcement agency (fill out separate affidavit form).
- Fees for service by publication (fill out separate affidavit form).
- Filing fees and photocopy fees for the preparation of the record on appeal.
- Court reporter's fees of reporters or transcribers employed by the court for the preparation of the transcript.

**The basis for the request is:**

**1.  DEFERRAL:**

- A.**  I receive governmental assistance from the state/federal program(s) marked below:  
 Temporary Assistance to Needy Families (TANF)                       Food Stamps

**OR**

- B.**  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.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your

income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. If your income is greater than 150% of the poverty level, but you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

**OR**

C.  I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.  **WAIVER:**

- A.  I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.
- B.  I receive government assistance from the federal program Supplemental Security Income (SSI).

**NOTE:** Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire (below). If you submit the Application and Financial Questionnaire in person, you **MUST** sign it in front of the court clerk; if you submit the form by mail or by a third party, you **MUST** sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

**FINANCIAL QUESTIONNAIRE**

**SUPPORT RESPONSIBILITIES:** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

| <b>NAME</b> | <b>RELATIONSHIP</b> |
|-------------|---------------------|
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |

**STATEMENT OF INCOME AND EXPENSES**

**ASSISTANCE:** I receive assistance from:

- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Long Term Care System (ALTCS)
- Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Monthly gross income: \$ \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employed since (month/year): \_\_\_\_\_

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source): \$ \_\_\_\_\_

\_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|  | <b>PAYMENT AMOUNT</b> | <b>LOAN BALANCE</b> |
|--|-----------------------|---------------------|
| Rent/Mortgage payment                                    | \$ _____              | \$ _____            |
| Car Payment  | \$ _____              | \$ _____            |
| Credit Card Payments                                     | \$ _____              | \$ _____            |
| Explain: Other payments & debts                          | \$ _____              | \$ _____            |
| Food/Household supplies                                  | \$ _____              |                     |
| Utilities/Telephone                                      | \$ _____              |                     |
| Clothing   | \$ _____              |                     |
| Medical/Dental/Drugs                                     | \$ _____              |                     |
| Health Insurance   | \$ _____              |                     |
| Nursing care   | \$ _____              |                     |
| Laundry  | \$ _____              |                     |
| Child Support  | \$ _____              |                     |
| Child Care   | \$ _____              |                     |
| Spousal Maintenance                                      | \$ _____              |                     |
| Car Insurance  | \$ _____              |                     |
| Gasoline/Bus Fare  | \$ _____              |                     |
| Contributions to Employer<br>or Other Retirement Account | \$ _____              |                     |

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|   | <b>ESTIMATED VALUE</b> |
|---|------------------------|
| Cash and Bank Accounts                  | \$ _____               |
| Credit Union Accounts                   | \$ _____               |
| <b>Equity in:</b>                       |                        |
| 1. Home                                 | \$ _____               |
| 2. Other property                       | \$ _____               |
| 3. Cars/other vehicles                  | \$ _____               |
| 4. Other, including stocks, bonds, etc. | \$ _____               |
| 5. Retirement accounts                  | \$ _____               |

**TOTAL ASSETS** \$ \_\_\_\_\_

**EXTRAORDINARY EXPENSES:** For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

| <b>DESCRIPTION</b> | <b>AMOUNT</b> |
|--------------------|---------------|
| _____              | \$ _____      |
| _____              | \$ _____      |
| _____              | \$ _____      |

**TOTAL EXTRAORDINARY EXPENSES** \$ \_\_\_\_\_

**Note:** If you receive a deferral and have unpaid fees at the end of your case you will receive a Notice of Court Fees and Costs Due. This is to remind you that you may submit a supplemental application for further deferral or waiver if you believe you need more time to pay or cannot afford to pay your court fees and costs. The court will decide at that time whether or not you must pay. If you do not file a supplemental application, the original deferral order remains in effect and a consent judgment may be entered against you if you do not pay within thirty calendar days after entry of final judgment.

**If your case is dismissed for any reason, the fees and costs are still due.**

**CONSENT TO ENTRY OF JUDGMENT:** By signing this Application, I agree that a judgment may be entered against me for all fees and/or costs that are deferred but remain unpaid after thirty (30) calendar days after entry of final judgment. Judgment may be entered against me unless any one of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I file a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, I either:
  - 1. Pay the fees and/or costs; or,
  - 2. Request a hearing on the court's order denying waiver or further deferral. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court.

If you appeal the final decision in your case, a consent judgment for deferred fees and/or costs that remain unpaid in the lower court shall not be entered until after the appeals process is concluded.

**OATH OR AFFIRMATION**

**The contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed or Affirmed

\_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal:

**OPTIONAL USE**  
**CONFIDENTIAL PERSONAL FINANCIAL AFFIDAVIT**

STATE OF ARIZONA                    )  
COUNTY OF \_\_\_\_\_ ) **ss.**

I, \_\_\_\_\_, am an applicant for a **DEFERRAL OR WAIVER OF COURT FEES AND COSTS PURSUANT TO A.R.S. § 12-302**. The Application for Deferral of Court Fees and Costs requires a Consent to Entry of Judgment. By signing the Consent, I have agreed that a judgment may be entered against me for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. I understand that collection efforts include referring the judgment to a collection program (A.R.S. § 12-116.03), entry into a tax intercept program (A.R.S. § 41-1122(b)) and reporting of the debt to credit bureaus (A.R.S. § 12-288) which require the use of my social security number. I understand that the information provided is collected for administrative purposes and shall 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 declare under penalty of perjury that the foregoing is true and correct.

I hereby verify that my social security number is \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

OR

I hereby verify that I do not possess a valid Social Security Number.

\_\_\_\_\_  
**Applicant**

**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Judicial Officer or Deputy Clerk**



- WAIVER GRANTED** for all 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; or fees for obtaining one certified copy of a temporary order in a domestic relations 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 if employed by the court for the preparation of the transcript.

**RIGHT TO JUDICIAL REVIEW.** If the application is denied or a payment schedule set by a special commissioner, you may request the decision be reviewed by a judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after judicial review. Judicial review shall be held as soon as reasonably possible.

**NOTICE REGARDING CONSENT JUDGMENT:** Unless any one of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

- A. Fees and costs are taxed to another party;
- B. The applicant has an established schedule of payments in effect and is current with those payments;
- C. The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, the applicant either:
  - 1. Pays the fees and costs; or,
  - 2. Requests a hearing on the court's order denying further deferral or waiver. If the applicant requests a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court.

If an appeal is taken, a consent judgment for deferred fees and costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and costs in full, the court is required to comply with the provisions of A.R.S. § 33-964(C).

**DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral or waiver shall promptly notify the court of any change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

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

\_\_\_\_\_  
 **Judicial Officer**       **Special Commissioner**

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff

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

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

\_\_\_\_\_  
Name of Respondent/Defendant

STATE OF ARIZONA            )  
COUNTY OF \_\_\_\_\_) ss.

**STATEMENTS MADE TO THE COURT UNDER OATH.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

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

- Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):
  - 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.

- 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 |
|-------|---------|
| _____ | _____   |
| _____ | _____   |

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**INFORMATION FOR SERVICE**

**You must provide the following information:**

To the best of my knowledge, as of (date) \_\_\_\_\_, the last known address of the person to be served was: \_\_\_\_\_

(Street Address, City and State)

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

**APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES FOR INJUNCTIONS AGAINST HARASSMENT AND CONSENT TO ENTRY OF JUDGMENT**

\_\_\_\_\_  
Name of Respondent/Defendant.

STATE OF ARIZONA            )  
COUNTY OF \_\_\_\_\_ ) ss.

**IMPORTANT**

This *“Application for Deferral or Waiver of Court Fees and/or Costs”* includes a *“Consent to Entry of Judgment.”* By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a Notice of Court Fees and Costs Due indicating how much is owed and what step you must take to avoid a judgment against you if you are still unable to pay. Additional details about this process are discussed in the *“Consent to Entry of Judgment”* section of this application.

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**I am requesting a deferral/waiver of the fee for service of process by a sheriff, marshal, constable or law enforcement agency.**

**The basis for the request is:**

1.      **DEFERRAL:**

- A.      I receive governmental assistance from the state/federal program(s) marked below:
  - Temporary Assistance to Needy Families (TANF)
  - Food Stamps (Renamed Supplemental Nutrition Assistance Program or SNAP).

**OR**

B.      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.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

- 1.     Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
- 2.     If your income is greater than 150% of the poverty level, but you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

**OR**

C.      I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2.  **WAIVER:**

- A.  I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.
- B.  I receive government assistance from the federal program Supplemental Security Income (SSI).

**NOTE:** Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire (below). If you submit the Application and Financial Questionnaire in person, you **MUST** sign it in front of the court clerk; if you submit the form by mail or by a third party, you **MUST** sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

**FINANCIAL QUESTIONNAIRE**

**SUPPORT RESPONSIBILITIES:** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

| <b>NAME</b> | <b>RELATIONSHIP</b> |
|-------------|---------------------|
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |

**STATEMENT OF INCOME AND EXPENSES**

**ASSISTANCE:** I receive assistance from:

- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Long Term Care System (ALTCS)
- Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Monthly gross income: \$ \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employed since (month/year): \_\_\_\_\_

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source): \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|                                 | <b>PAYMENT AMOUNT</b> | <b>LOAN BALANCE</b> |
|---------------------------------|-----------------------|---------------------|
| Rent/Mortgage payment           | \$ _____              | \$ _____            |
| Car Payment                     | \$ _____              | \$ _____            |
| Credit Card Payments            | \$ _____              | \$ _____            |
| Explain: Other payments & debts | \$ _____              | \$ _____            |
| Food/Household supplies         | \$ _____              |                     |
| Utilities/Telephone             | \$ _____              |                     |

|  |          |
|--|----------|
| Clothing   | \$ _____ |
| Medical/Dental/Drugs                                     | \$ _____ |
| Health Insurance   | \$ _____ |
| Nursing care   | \$ _____ |
| Laundry  | \$ _____ |
| Child Support  | \$ _____ |
| Child Care   | \$ _____ |
| Spousal Maintenance                                      | \$ _____ |
| Car Insurance  | \$ _____ |
| Gasoline/Bus Fare  | \$ _____ |
| Contributions to Employer<br>or Other Retirement Account | \$ _____ |

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|   |                        |
|---|------------------------|
|   | <b>ESTIMATED VALUE</b> |
| Cash and Bank Accounts                  | \$ _____               |
| Credit Union Accounts                   | \$ _____               |
| <b>Equity in:</b>                       |                        |
| 1. Home                                 | \$ _____               |
| 2. Other property                       | \$ _____               |
| 3. Cars/other vehicles                  | \$ _____               |
| 4. Other, including stocks, bonds, etc. | \$ _____               |
| 5. Retirement accounts                  | \$ _____               |

**TOTAL ASSETS** \$ \_\_\_\_\_

**EXTRAORDINARY EXPENSES:** For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

| DESCRIPTION | AMOUNT   |
|-------------|----------|
| _____       | \$ _____ |
| _____       | \$ _____ |
| _____       | \$ _____ |

**TOTAL EXTRAORDINARY EXPENSES** \$ \_\_\_\_\_

**Note:** If you receive a deferral and have unpaid fees at the end of your case you will receive a Notice of Court Fees and Costs Due. This is to remind you that you may submit a supplemental application for further deferral or waiver if you believe you need more time to pay or cannot afford to pay your court fees and costs. The court will decide at that time whether or not you must pay. If you do not file a supplemental application, the original deferral order remains in effect and a consent judgment may be entered against you if you do not pay within thirty calendar days after entry of final judgment.

**If your case is dismissed for any reason, the fees and costs are still due.**

**CONSENT TO ENTRY OF JUDGMENT:** By signing this Application, I agree that a judgment may be entered against me for all fees and/or costs that are deferred but remain unpaid after thirty (30) calendar days after entry of final judgment. Judgment may be entered against me unless any one of the following applies:

A. Fees and costs are taxed to another party;

- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I file a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, I either:
  - 1. Pay the fees and/or costs; or,
  - 2. Request a hearing on the court's order denying waiver or further deferral. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court.

**OATH OR AFFIRMATION**

**The contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed or Affirmed

\_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

**ORDER REGARDING DEFERRAL OF  
SERVICE OF PROCESS FEES FOR  
INJUNCTIONS AGAINST HARASSMENT**

\_\_\_\_\_  
Name of Respondent/ Defendant.

**UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,  
IT IS ORDERED:** (Check all boxes that apply)

- DEFERRAL IS GRANTED** for the service of process fee.  
The applicant shall make payments as set forth below.
- DEFERRAL IS DENIED** for the service of process fee.  
The applicant does not meet the financial criteria for deferral.

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

\_\_\_\_\_ [ ] Judicial Officer [ ] Special Commissioner

**PAYMENT DUE DATE**

The applicant shall pay the service of process fee of \$\_\_\_\_\_ on or before (date) \_\_\_\_\_

If payment is not made in full when due, you will receive a notice reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees and/or costs. The court will decide at that time whether or not you must pay.

**NOTE: IF APPLICATION IS BY VERBAL AVOWAL, THE APPLICANT MUST SIGN THE CONSENT ON THE NEXT PAGE.**

If payment of the service of process fee has been postponed and payment is not made in full when due, you will receive a Notice of Court Fees and Costs Due reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will decide at that time whether or not you must pay.

**CONSENT TO ENTRY OF JUDGMENT:** By signing this section, I agree that a judgment may be entered against me for all fees that are deferred, but that remain unpaid thirty (30) calendar days after the entry of final judgment. Judgment may be entered against me unless any one of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I file a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, I either:
  - 1. Pay the fees and costs; or,
  - 2. Request a hearing on the court's order denying further deferral or waiver. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court.

**ACKNOWLEDGMENT AND SIGNATURE UNDER OATH**

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

SUBSCRIBED AND SWORN or affirmed and acknowledged before me on (date) \_\_\_\_\_

By \_\_\_\_\_ .

\_\_\_\_\_  
My Commision Expires/Seal:

\_\_\_\_\_  
Judicial Officer, Clerk or Notary Public

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Plaintiff/Petitioner.

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

**ORDER REGARDING SERVICE OF  
PROCESS FEES FOR AN INJUNCTION  
AGAINST HARASSMENT**

\_\_\_\_\_  
Name of Defendant/Respondent.

UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,

IT IS ORDERED:

**WAIVER IS GRANTED** for the service of process fee.

**WAIVER IS DENIED** for the service of process fee. The applicant does not meet the financial criteria for waiver.

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

\_\_\_\_\_  
Judicial Officer

## NOTICE OF COURT FEES AND COSTS DUE

### IMPORTANT!

Read this notice carefully. If you do not do what this notice tells you to do, a judgment for all unpaid fees and costs will be entered against you. This judgment may appear on your credit report, could cause your wages to be garnished or your tax refund to be intercepted or result in other financial consequences including collection agency costs. 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.

Payment of court fees and costs in the amount of \$\_\_\_\_\_ are now due in your case. You must either pay these fees and costs or file a supplemental application for waiver or further deferral by (date) \_\_\_\_\_.

If you do not pay or file a supplemental application by the above date, a judgment for the total amount of unpaid fees and costs will be entered against you. The court may then take legal steps to collect the unpaid judgment.

You may make the payment or obtain and file a supplemental application at (court name, location and telephone number) \_\_\_\_\_

In the supplemental application, if you qualify, you can ask the court for:

1. Waiver of fees and costs. This means you never have to pay the fees and costs in this case.
2. Further deferral of fees and costs. This means the court arranges a payment schedule.

You may also ask the court for an itemized statement of unpaid fees and costs at no cost to you. After reviewing the itemized statement, if you disagree with the amount owed the court, you may request a hearing. If you file a supplemental application for further deferral or waiver of the court fees and costs and the application is denied, you may request a hearing. Supplemental applications or forms to request a hearing are available online at: \_\_\_\_\_ or at the following court locations:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Case Number:

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

**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 for thirty calendar days following entry of final judgment. MORE THAN thirty (30) days have elapsed since the entry of final judgment and unpaid fees and costs exists 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 twenty (20) days have elapsed since the denial and the applicant has neither requested a hearing nor paid the unpaid fees and costs;  
**OR,**  
 Within twenty (20) days the applicant has requested a hearing and, after hearing, the court has affirmed the denial and the applicant has failed to pay the fees and costs within the time prescribed 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.

**JUDGMENT IS GRANTED** in favor of this court and against (print applicant's name here) \_\_\_\_\_ in the amount of \$\_\_\_\_\_, representing the total amount of deferred court fees and costs remaining unpaid that the applicant is responsible to pay.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

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

\_\_\_\_\_  
Name of Respondent/Defendant.

STATE OF ARIZONA            )  
COUNTY OF \_\_\_\_\_ ) **ss.**

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

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

**The basis for the request is:**

1.      **DEFERRAL:**

A.      I receive governmental assistance from the state/federal program(s) marked below:  
           Temporary Assistance to Needy Families (TANF)                    Food Stamps

**OR**

B.      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.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

- 1.     Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
- 2.     If your income is greater than 150% of the poverty level, but you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

**OR**

C.      I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.      **WAIVER:**

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

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

**NOTE:** Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire (below). If you submit the Application and Financial Questionnaire in person, you MUST sign it in front of the court clerk; if you submit the form by mail or by a third party, you MUST sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

**FINANCIAL QUESTIONNAIRE**

**SUPPORT RESPONSIBILITIES:** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

| NAME  | RELATIONSHIP |
|-------|--------------|
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |

**STATEMENT OF INCOME AND EXPENSES**

**ASSISTANCE:** I receive assistance from:

- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Long Term Care System (ALTCS)
- Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Monthly gross income: \$ \_\_\_\_\_  
 Employer name: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Employed since (month/year): \_\_\_\_\_

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source): \$ \_\_\_\_\_  
 \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|                                 | PAYMENT AMOUNT | LOAN BALANCE |
|---------------------------------|----------------|--------------|
| Rent/Mortgage payment           | \$ _____       | \$ _____     |
| Car Payment                     | \$ _____       | \$ _____     |
| Credit Card Payments            | \$ _____       | \$ _____     |
| Explain: Other payments & debts | \$ _____       | \$ _____     |
| Food/Household supplies         | \$ _____       |              |
| Utilities/Telephone             | \$ _____       |              |
| Clothing                        | \$ _____       |              |
| Medical/Dental/Drugs            | \$ _____       |              |
| Health Insurance                | \$ _____       |              |
| Nursing care                    | \$ _____       |              |
| Laundry                         | \$ _____       |              |
| Child Support                   | \$ _____       |              |
| Child Care                      | \$ _____       |              |
| Spousal Maintenance             | \$ _____       |              |
| Car Insurance                   | \$ _____       |              |
| Gasoline/Bus Fare               | \$ _____       |              |

Contributions to Employer  
or Other Retirement Account \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

|   | <b>ESTIMATED VALUE</b> |
|---|------------------------|
| Cash and Bank Accounts                  | \$ _____               |
| Credit Union Accounts                   | \$ _____               |
| <b>Equity in:</b>                       |                        |
| 1. Home                                 | \$ _____               |
| 2. Other property                       | \$ _____               |
| 3. Cars/other vehicles                  | \$ _____               |
| 4. Other, including stocks, bonds, etc. | \$ _____               |
| 5. Retirement accounts                  | \$ _____               |

**TOTAL ASSETS** \$ \_\_\_\_\_

**EXTRAORDINARY EXPENSES:** For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

| <b>DESCRIPTION</b> | <b>AMOUNT</b> |
|--------------------|---------------|
| _____              | \$ _____      |
| _____              | \$ _____      |
| _____              | \$ _____      |

**TOTAL EXTRAORDINARY EXPENSES** \$ \_\_\_\_\_

**OATH OR AFFIRMATION**

The contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed or Affirmed

\_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal:

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

**ORDER ON SUPPLEMENTAL  
APPLICATION  
(WITHOUT HEARING)**

\_\_\_\_\_  
Name of Respondent/Defendant.

**A SUPPLEMENTAL APPLICATION WAS FILED.**

**THE COURT FINDS** that the applicant (print name) \_\_\_\_\_:

- IS ELIGIBLE FOR A WAIVER** because
- The applicant is permanently unable to pay.
  - 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 must establish a schedule of payments.)**
- The applicant has shown good cause for further deferral.
  - The court exercises its discretion to grant a 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 applicant is permanently unable to pay.
- FURTHER DEFERRAL IS GRANTED** for unpaid fees and costs in the amount of \$\_\_\_\_\_.
- The applicant shall pay the entire amount due by \_\_\_\_\_ (date).
- OR**
- The applicant shall pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month etc.) until paid in full, beginning \_\_\_\_\_.
- FURTHER DEFERRAL DENIED** because the applicant has not demonstrated good cause or it is not necessary or appropriate under A.R.S. § 12-302(L).
- APPLICATION DENIED:**  
Your application is incomplete because \_\_\_\_\_

\_\_\_\_\_  
You are encouraged to submit a complete application before a consent judgment is entered against you.

**RIGHT TO HEARING.** Unless a waiver is granted, you may request a hearing for a review of this order. The request must be made within twenty (20) days of the day this order was mailed or handed to you in court. No action for non-payment of fees and costs will be taken until the hearing is held.

**If you do NOT request a hearing, full payment is due within twenty (20) days from the day this order was mailed or handed to you in court. If full payment is not made within the time stated, a consent judgment may**

**be entered against you for any amounts unpaid.**

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

\_\_\_\_\_  Judicial Officer  Special Commissioner

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

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

\_\_\_\_\_  
Name of Respondent/Defendant.

**A SUPPLEMENTAL APPLICATION WAS FILED AND A HEARING WAS HELD ON** (date) \_\_\_\_\_.

Applicant appeared

Applicant did not appear

**THE COURT FINDS** that the applicant (print name) \_\_\_\_\_:

**IS ELIGIBLE FOR A WAIVER** because

The applicant is permanently unable to pay.

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 must establish a schedule of payments.)**

The applicant has shown good cause for further deferral.

The court exercises its discretion to grant a 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 applicant is permanently unable to pay.

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

The applicant shall pay the entire amount due by \_\_\_\_\_ (date).

**OR**

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

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

**APPLICATION DENIED:**

Your application is incomplete because

\_\_\_\_\_  
You are encouraged to submit a complete application before a consent judgment is entered against you.

**RIGHT TO HEARING.** Unless a waiver is granted, you may request a hearing for a review of this order. The request must be made within twenty (20) days of the day this order was mailed or handed to you in court. No action for non-payment of fees and costs will be taken until the hearing is held.

**If you do NOT request a hearing, full payment is due within twenty (20) days from the day this order was**

**mailed or handed to you in court. If full payment is not made within the time stated, a consent judgment may be entered against you for any amounts unpaid.**

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

\_\_\_\_\_  Judicial Officer  Special Commissioner

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_  
Print your 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: \_\_\_\_\_  
[ ] Judge [ ] Special Commissioner

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

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

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

**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 shall 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 shall 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 shall 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 shall annually forward any monies collected to this court. Upon the inmate's release, the State Department of Corrections shall forward the amount of fees and costs collected through the date of the release.

**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