

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Representing Self or Lawyer for _____

Lawyer's Bar Number: _____

COURT OF ARIZONA

IN

COUNTY

Case Number: _____

Name of Petitioner/Plaintiff

-vs-

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

Name of Respondent/Defendant

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 5.
- 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. What kind of case do you have?

A. Child Support or Family Law

B. Eviction

C. Civil or Tax (e.g., Credit Cards, Garnishment, Name Change)

D. Injunction Against Harassment

E. Probate or Juvenile

F. Unsure

2. FOR PROBATE CASES ONLY: My interest in the case is: (check one box)

A. I would like to be appointed as guardian for a minor

B. I would like to be appointed as guardian and conservator for a minor

C. I would like to be appointed as guardian and conservator for an adult

D. I would like to be appointed as a personal representative for an estate

E. I am a creditor filing a demand for notice

F. Other (describe): _____

3. 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).

4. 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 5.)

**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 5.)

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 5.)

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	\$ 0.00

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

5. FINANCIAL QUESTIONNAIRE

You must complete the financial questionnaire unless you have attached the proof required in section 4(A) for SSI, 4(B) for government assistance, or 4(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:

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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?

<input type="checkbox"/> social security	<input type="checkbox"/> disability	<input type="checkbox"/> veteran's benefits
<input type="checkbox"/> unemployment benefits	<input type="checkbox"/> spousal or child support	
<input type="checkbox"/> investments	<input type="checkbox"/> 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.

_____ (Applicant's initials)

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. AOCDGF3F).

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: _____

100 Clark's Lane, Suite 100

Email Address: _____

Representing Self or Lawyer for _____

Lawyer's Bar Number: _____

**IN COURT OF ARIZONA
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: _____

**IN COURT OF ARIZONA
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 ARIZONA

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: _____

to Child's Case Only

COURT OF ARIZONA
IN _____ COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

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

Name of Respondent/Defendant

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 5.
- 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. What kind of case do you have?

A. Child Support or Family Law

B. Eviction

C. Civil or Tax (e.g., Credit Cards, Garnishment, Name Change)

D. Injunction Against Harassment

E. Probate or Juvenile

F. Unsure

2. FOR PROBATE CASES ONLY: My interest in the case is: (check one box)

A. I would like to be appointed as guardian for a minor

B. I would like to be appointed as guardian and conservator for a minor

C. I would like to be appointed as guardian and conservator for an adult

D. I would like to be appointed as a personal representative for an estate

E. I am a creditor filing a demand for notice

F. Other (describe): _____

3. 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)**.

4. 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.

_____ (Applicant's initials)

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 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-

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

Name of Respondent/Defendant

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:

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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?

<input type="checkbox"/> social security	<input type="checkbox"/> disability	<input type="checkbox"/> veteran's benefits
<input type="checkbox"/> unemployment benefits	<input type="checkbox"/> spousal or child support	
<input type="checkbox"/> investments	<input type="checkbox"/> 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: _____

Don't fork's use only

COURT OF ARIZONA
IN COUNTY

Name of Petitioner/Plaintiff

-vs-

Name of Respondent/Defendant

Case Number: _____

**REQUEST AND ORDER FOR
HEARING**

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

Case Number: _____

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