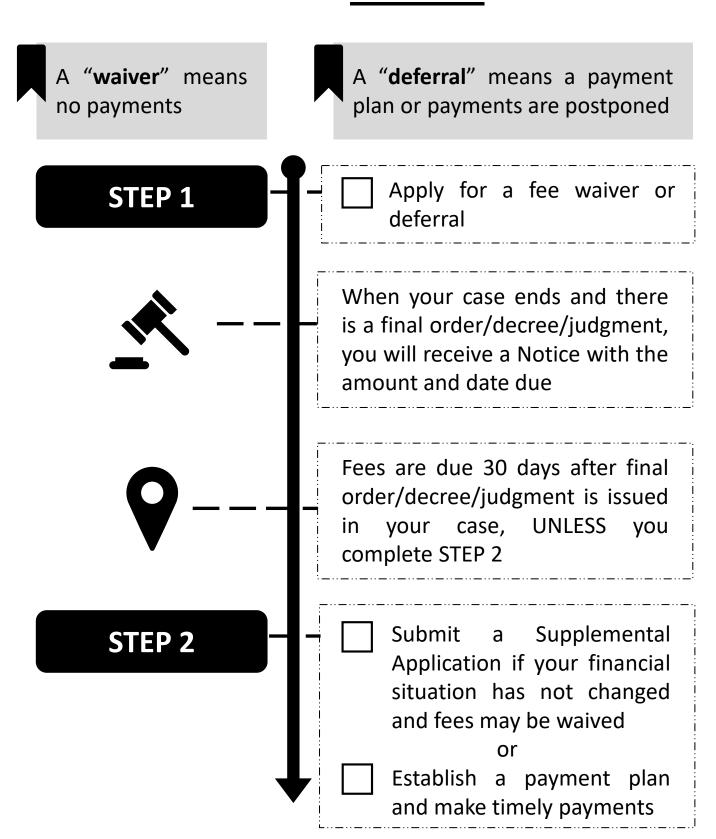
FEE DEFERRAL OR WAIVER **APPLICATION**

To Delay or Waive Payment of Court Fees/Costs

(at the beginning of the case)

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APPLYING FOR FEE WAIVER AND DEFERRAL IS A 2-STEP PROCESS



		Plaintiff/Petitioner	CASE NUMBER:	
		Defendant/Respondent	DATE:	
		DEFERRED FEE APPLICA	ATION INFORMATION	
APPLICANT		NAME:		
Complete <u>all</u> information	/	ADDRESS:		
section.		CITY:	STATE:	
		SSN:	ZIP CODE:	
		PHONE(H): ()	PHONE (W): _()	
		DO YOU HAVE AN ATTORNEY? ☐ YES ☐ NO	PHONE () (Cell):	
		(FOR COURT USE ONLY: Do Not Write in below	, -	r signature,
	(FINANCIAL STATUS O	F A DEFERRED FEE	
		FEE CODE # TYPE	Ξ	\$
Special Commissioner		FEE CODE # TYPI	E	\$
Complete <u>all</u> information for each	\langle	FEE CODE # TYPI	Ξ	\$
deferred fee in this section.		TOTAL AMOUNT OF FEES THAT HAVE B	EEN DEFERRED: \$	
		AMOUNT OF PARTIAL PAYMENT PAID A	AT TIME OF FILING: \$	
			BALANCE: \$	

Special Commissioner		BALANCE OF DEFERRED FEE(S) DUE ON DAY OF	, 20
Complete this section if a payment plan is set up.	/	I (APPLICANT) SHALL MAKE (WEEKLY MONTHLY) PAYMIS	ENTS OF
Cross out if deferred until further notice.		FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) DATE ABOVE.	THE DUE
		ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WIL TO A COLLECTIONS AGENCY.	L BE SENT
Applicant:		APPLICANTSIGNATURE:	-
		(FOR COURT USE ONLY: Do Not Write in this Section (except for you below).	r signature,
Special Commissioner		ASSISTANCE RECEIVED/ INCOME INFORMATION	
Check why deferred until	$ \langle$	☐ TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)	☐ SSI
further notice.		☐ FOOD STAMPS	< 150%
		COMMUNITY LEGAL SERVICES	
Applicant:	\neg _	APPLICANT SIGNATURE:	_

Person Filing:	_	
Address (if not protected):	_	
City, State, Zip Code:	_	
Telephone:	_	
Email Address:	_	
Lawyer's Bar Number:	_	For Clerk's Use Only
Representing Self, without a Lawyer OR Attorney for		er OR Respondent
SUPERIOR COURT OF ARI IN MARICOPA COUNT		
	Number:	
WAIV COST	ER OF COU	OR DEFERRAL OR URT FEES OR NSENT TO ENTRY
Name of Respondent / Defendant OF JC	DOEMENT	

Notice

- A <u>Fee Deferral</u> is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income.
- A <u>Fee Waiver</u> is usually permanent unless your financial circumstances change during the course of this court action.
- You must attach the <u>required proof</u> when filing your Application. If you do not attach the required proof, you <u>must</u> 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 <u>following fees and costs</u> 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 <u>service of process</u> or for <u>service by publication</u> , you must also complete the Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee form (Form No. GNDW21f).
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 <u>proof</u> that I participate in the <u>Supplemental Security Income program</u> . The proof shows my <u>name as the benefit's recipient</u> and the <u>name of the agency that provides the benefit</u> . (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 benefit from the Social Security Administration or Social Security Disability Insurance (SSDI)
	В.	Or 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 <u>proof</u> that I participate in a <u>government assistance</u> program. The proof shows <u>my name as the benefit's recipient</u> and the <u>name of the agency that provides the benefit</u> . (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 assistant legal aid program. The proof shows my name as the recipient and aid provider that provides the assistance. (If you have attached proof, you do not need to complete to questionnaire in section 3.)	the <u>name of the legal</u>
	Or	
D.	My income is insufficient or is barely sufficient to meet the cand includes no allotment that could be budgeted for the fees and to gain access to the court. My gross income as computed on a moless of the current federal poverty level. (Note: Gross monthly incomof your spouse or domestic partner's income if available to you.) (Suffer that the feet and the current federal poverty level.) (Note: Gross monthly incomof your spouse or domestic partner's income if available to you.) (Suffer that the feet and the	costs that are required nthly basis is 150% or me includes your share See the Poverty Levels
	Or	
Е.	I am permanently unable to pay. My income and liquid assets ar sufficient to meet the daily essentials of life and are unlikely to chafuture.	•
	Or	
F.	I do not have the money to pay court filing fees and costs now fees and costs at a later date. Explain.	I can pay the filing
	Or	
G.	My income is greater than 150% of the poverty level, but I have expenses (including medical expenses and costs of care for elder members) or other expenses that reduce my gross monthly income to 150 level. (See the Poverty Levels Chart in 4(H) to determine if your incompoverty level.)	rly or disabled family 0% or below the poverty
	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 <u>household size</u>. 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 17, 2024			
Household Size (all	Gross Monthly	Household Size (all	Gross Monthly
related individuals)	Income Level –	related individuals)	Income Level –
	150%		150%
1	\$1,883	5	\$4,573
2	\$2,555	6	\$5,245
3	\$3,228	7	\$5,918
4	\$3,900	8	\$6,590

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	ing those you pay
	child support or spousal maintenance for)?	
	List relationship of those you support and check those living with you:	
В.	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 f	following sources?		
social securityunemployment benefitsinvestments	disability spousal or child supp other:		
• What is your approximate <u>tota</u>	al gross monthly income from	these sources? \$	
• What is your spouse or domestic partner's approximate total gross			
monthly income from all sour	ces readily available to you?	\$	
F. What is the approximate total be accessible without financial per		ion accounts \$	
G. What are your <u>average total moved</u> vehicle/transportation, credit can childcare, spousal maintenance	ards, insurance, medical/dent		

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) <u>how much is</u> owed and (2) what steps to take to avoid a consent judgment against you.

Note: You may be ordered to repay any ar	mounts that were waived if the court finds you were
not eligible for the fee deferral or waiver. I	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.
	ort of Application for Deferral or Waiver of Service of
Process Fee form (Form No. GNDW21f).	
OATH OR AFFIRMATION FO	OR APPLICATION FOR DEFERRAL OR
WAIVER OF C	COURT FEES AND COSTS
I declare under penalty of perjury that I ha	ve read the above statements and to the best of my
knowledge and belief these statements are to	rue and correct.
Date	Applicant's Signature

Applicant's Printed Name

Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	
Lawyer's Bar Number:	
Representing Self, without a Lawyer OR	Attorney for Petitioner OR Respondent
	URT OF ARIZONA OPA COUNTY
	Case Number:
Name of Petitioner / Plaintiff	
	AFFIDAVIT IN SUPPORT OF
	APPLICATION FOR DEFERRAL OR
N. CD. 1.4/D. 1.4	WAIVER OF SERVICE OF PROCESS
Name of Respondent / Respondent	FEE
N	otice
 A Fee Deferral is only a temporary po 	stponement of the payment of the fees due. You
may be required to make payments dep	pending on your income.
 A Fee Waiver is usually permanent un 	aless your financial circumstances change during
the course of this court action.	
In support of my request, I state that (characteristics) I have attempted to obtain volume success on the person to be serve	ff, marshal, constable, or law enforcement agency. eck one box): untary acceptance of service of process without d. es for me to try to obtain voluntary acceptance of

	Case Number:
An enforceable Injunction person to be served.	n Against Harassment has been granted to me against the
B. Fees for publication.	
	hat I have attempted to locate the person to be served but person (check and complete any that apply):
This is what I did to try to	o find the other party (explain):
party. Name:	on(s) listed below to try to find the location of the other
Name:Address:	
	AFFIDAVIT IN SUPPORT OF APPLICATION FOR VER OF SERVICE OF PROCESS FEE
I declare under penalty of perjury that I knowledge and belief these statements a	have read the above statements and to the best of my are true and correct.
Date	Applicant's Signature
	Applicant's Printed Name

INI	FORMATION FOR SERVICE
You must provide the following in	formation:
To the best of my knowledge, the l	ast known address of the person to be served is:
as of [insert date]	

Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	
Lawyer's Bar Number:	
Representing Self, without a Lawyer C	OR Attorney for Petitioner OR Respondent
SUPERIOR	COURT OF ARIZONA
IN MA	RICOPA COUNTY
	Case Number:
Name of Petitioner / Plaintiff	
	ORDER REGARDING DEFERRAL
	OR WAIVER OF COURT FEES AND
	COSTS
Name of Respondent / Defendant	
•	
THE COURT FINDS that the applicant or	estate/ward/protected person,
	(print name):
1. Is not eligible for a deferral or f	or a waiver of fees and costs.
	Or
2. <u>Is eligible for a deferral</u> of fees	and costs based on:
Financial eligibility. As rea	uired by state law, the applicant has signed a consent
to entry of judgment.	uned by state law, the applicant has signed a consent
_	
At the court's discretion (A	.R.S. § 12-302(L)).
Good cause shown. As requ	nired by state law, the applicant has signed a consent to
entry of judgment.	
	Or

3. <u>Is eligible for a waiver</u> 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 fee and costs, court investigator fees and costs, fees for obtaining one certified copy of letter of temporary or permanent appointment, and fees for obtaining one certified copy of 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 \$		

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. 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 <u>Notice of Court Fees and Costs Due</u>. The Notice of Court Fees and Costs Due will remind you that you may submit a Supplemental Application (Form No. GNDW92f) for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will review your <u>Supplemental Application</u> and decide at that time whether or not you must pay.

<u>Notice regarding consent judgment</u>. 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 <u>unless</u>:

- A. The fees and costs are taxed to another party.
- B. You establish a payment plan and make timely payments.
- C. You file a Supplemental Application, and the court has not made a ruling on it.
- D. In response to the Supplemental Application, the court orders the fees and costs to be waived or further deferred.
- E. Within 20 days of the date the court denies the Supplemental Application,
 - You pay the fees and costs.
 - You 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 given by the court.

	Case Number:
	or judgment, unpaid court fees are due 30 days after the for notice of court fees and costs and for entry of a consent
Duty to report change in financial circ	umstances.
An applicant who is granted a deferral in financial circumstances during the c	or waiver must promptly notify the court of any change course of the case that would affect the applicant's ability the applicant appears before the court on this case, the
Dated:	
Note: if the application is by verbal a page.	avowal, the applicant must sign the consent on the next
	ddress, \square in court, \square hand delivered, \square by email the above address, \square in court, \square hand delivered, \square by
Date	By Clerk of Superior Court
Date	Clerk of Superior Court