

DEFERRAL OR WAIVER OF FEES AND COSTS



Packet #12



These forms must not be used to engage in the unauthorized practice of law. The court is not responsible for (1) actions taken by the users of these forms or (2) their reliance upon the instructions or information provided.

GENERAL INFORMATION & Frequently Asked Questions

What court fees and costs are charged?

There are expenses in a court case. You are charged fees when you file certain court papers, such as petitions, and when you serve the other party. To find out the exact fees and costs for your case, contact the Clerk of the Court at (520) 724-3200.

Who pays the court costs?

Usually the person filing documents or asking for service pays the fees and costs. Sometimes, at the end of your case, the court might order the other party to pay you back for some or all the court fees and costs.

What if I cannot pay the fees and costs?

If you cannot pay the court fees and costs, you can request a deferral or a waiver using this packet.

With a **deferral**, you will not have to pay any fees and costs at the beginning of your case, but you will be expected to pay at some time in the future. You may be able to pay in parts on a payment schedule. Not everyone who requests a deferral receives one. The court will consider your ability to pay and the urgency of your case when deciding whether to grant or deny your application. With a **waiver**, you do not have to pay any court fees or costs. Usually the court only grants waivers at the end of a case.

If you receive a deferral at the beginning of your case, you can still ask for a waiver later.

This packet contains three forms and the instructions for completing them:

- Application for Deferral / Waiver of Court Costs / Fees
- Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees
- Order Regarding Deferral / Waiver



Do I need a lawyer's help?

There are times when more complex legal problems will come up, and you may want to get the advice of a lawyer. There are lawyers who will help you help yourself. This means that they will only charge you for giving you the help that you need: you can complete the court forms on your own or ask the lawyer for help.

For more information, call the **Law Library and Resource Center at (520) 724-8456**.

This symbol is a warning. It can mean a few different things:



- The topic can be confusing, and you may need to ask a lawyer for help.
- You may need to make sure that something is done.

Whenever you see this symbol, ***make sure*** you read the information carefully and understand it fully.

What do I do after I complete the forms?

After completing the forms using the instructions in this packet, you must file the forms with the court. The Clerk of the Court is located on the first floor of the Superior Court Building, 110 West Congress, Tucson, AZ 85701. The office is open 8 am to 5 pm, Monday through Friday, except legal holidays. Arrive at the court at least an hour before it closes.

The clerk will take your original forms, stamp them, and send them to a judge for review.



IN MOST CIRCUMSTANCES YOU SHOULD FILE YOUR REQUEST FOR DEFERRAL / WAIVER AT THE SAME TIME AS YOU FILE YOUR PETITION OR RESPONSE, BUT IF YOU ARE OPENING A BRAND-NEW CASE YOU MAY NEED TO WAIT 5-7 BUSINESS DAYS FOR THE PROCESSING OF THE DEFERRAL APPLICATION BEFORE FILING YOUR PETITION OR COMPLAINT. CHECK WITH THE CLERK FOR DETAILS.



Instructions for Completing Application for Deferral / Waiver of Court Fees / Costs

The Caption

- **Personal information** – Write your name, street address, city, state, ZIP code, telephone number, and email address.
- **Representing** – Check “Self (Without an Attorney)”
- **Lawyer Bar Number**– leave blank, since you are not represented by an attorney.
- **Petitioner/Plaintiff** – Enter the name of Petitioner/Plaintiff.
- **Respondent/Defendant** – Enter the name of Respondent/Defendant.
- **Case No.** – Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.

Begin filling out the rest of form using the instructions below.

First, there’s a **box** titled “NOTICE,” this box is for informational purposes only and does not need to be filled out.

Following this **box**, there is a series of questions that you need to answer.

Question 1: “I cannot pay the following fees and costs in my case:”

- There are five checkboxes. Please check any of the checkboxes that apply to your situation. What fees and costs are you requesting assistance with?

Next, there’s a **box** titled “NOTE,” this box is especially important to read if you want to defer or waive fees for **service of process** or for **service by publication**.

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

- There are 7 checkboxes labeled **A-G**. Please read through the checkboxes and check any that apply.
 - **Check box “A”** if you receive government assistance from the federal Supplemental Security Income program.
 - **If you checked box “A,”** read the box just below and check it if you attached **proof** of your Supplemental Security Income program. **Follow the instructions on the form to ensure you attach the correct proof.**
 - **Check box “B”** if you receive government assistance from Temporary Assistance to Needy Families or Food Stamps.
 - **If you checked box “B,”** read the box just below and check it if you attached **proof** that you participate in a government assistance program. **Follow the instructions on the form to ensure you attach the correct proof.**
 - **Check box “C”** if you receive legal assistance from a non-profit legal aid program.
 - **If you checked box “C,”** read the box just below and check it if you attached **proof** that you receive legal assistance from a non-profit legal aid program. **Follow the instructions on the form to ensure you attach the correct proof.**
 - **Check box “D”** if it applies to your case. Refer to the Poverty Levels Chart, **Table H**, to determine if you fall below the 150% level or not.
 - **Check box “E”** if you are permanently unable to pay because your 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.
 - **Check box “F”** if you do not have the money to pay court filing fees and costs now. There is an “Explain” line where you can include additional information.

- **Check box “G”** if you have expenses that reduce your gross monthly income to 150% or below the poverty level. Refer to the Poverty Levels Chart, **Table H**, to determine if you fall below the 150% level.
 - **If you checked box “G,”** Use the lines available to write down the expenses reducing your gross monthly income to 150% or below the poverty level.

POVERTY LEVELS CHART

- **Table “H”** can be used to determine whether your gross monthly income is 150% or below the poverty level.

Question 3: FINANCIAL QUESTIONNAIRE

Please read the box on the form to determine whether you must complete the financial questionnaire.

- **Question A: How many people, including yourself, do you support financially?**
 - Use the first line to write the total number of how many people you are supporting financially. This total may include people such as children, stepchildren, your siblings, or your parents.
 - Use the following lines to write down the relationship you have with each person you support financially and only check the box if they live with you. Fill out **one line for each person** included in your total.
- **Question B: Do you have a job?**
 - Please check the “yes” or “no” box indicating whether you have a job.
 - If you checked “yes,” write down your employer’s name and phone number.
- **Question C: What is your approximate gross monthly income?**
 - Write your total monthly income (*before deductions*) on the line provided.
- **Question D: What is your approximate monthly take home pay?**
 - Write your total monthly income (*after deductions*) on the line provided.

- **Question E: Do you have income from the following sources?**
 - Check any of the 7 boxes in Question “E” that you get money from.
 - The “other” box may include retirement, rentals, interest, and lottery winnings.
 - Then read the following 2 bullet points and use the lines provided.
 - Write down your approximate total gross monthly income from these sources AND
 - Your spouse or domestic partner’s approximate total gross income (*only if you have access to it*).
- **Question F: What is the approximate total balance of bank and credit union accounts accessible without financial penalty?**
 - Use the provided line to write this answer.
 - This total should include the estimated balance of your:
 - Cash and bank accounts
 - Credit union accounts
 - Other liquid assets
- **Question G: What are your average total monthly expenses?**
 - For the total, calculate the amount you pay monthly. Your amounts must be accurate statements of actual expenses.
 - Include the amount you pay monthly for:
 - Rent or mortgage payments
 - Car payment
 - Credit card payments
 - Other payments & debts
 - Household expenses
 - Utilities, telephone, and cable bills
 - Medical, dental, and medication expenses
 - Health insurance
 - Nursing care
 - Tuition
 - Child support

- Childcare
- Spousal maintenance
- Car insurance
- Transportation
- Other expenses



If your financial situation changes, you must tell the court. Even if you cannot pay now, you must pay later if you have the money to do so.

CONSENT TO ENTRY OF JUDGMENT

When you sign the application for Deferral/Waiver of Court Fees/Costs you are also **giving your consent for the court to enter a judgment against you for all the fees and costs that were deferred** (and not ordered to be paid by another party) that remain unpaid thirty (30) days after your final decree or judgment is entered.

If you are still unable to pay these fees and costs at the end of your case, see the Clerk of the Court for forms to a Supplemental Application for Deferral/Waiver of Court Fees/Costs. You can use the same instructions to guide you in completing the Supplemental Application.

If you have a deferral or waiver of costs and fees because you are receiving government assistance, and you are still receiving government assistance when your case is completed, you do not have to complete the Supplemental Application. There is a presumption that the court will waive your costs and fees.

OATH OR AFFIRMATION

In signing this application, you promise that everything in the form is correct.

DO NOT SIGN or date the form except in front of a notary. When you file the papers with the court, sign the form in front of the clerk. The clerk will notarize your signature for free. You must bring a valid, government-issued picture ID (such as a driver's license) so the clerk knows whose signature is being verified.

You may write your name on the line above "Applicant's Printed Name," but do not sign.

**TABLE OF INCOME LEVELS OF THE CURRENT FEDERAL POVERTY
LEVELS AS OF JANUARY 15, 2026, for the 48 Contiguous States and the District of
Columbia**

(Figures are rounded to the nearest dollar.)

Household Size (all related individuals)	Gross Monthly Income Level 150%	Gross Monthly Income Level 175%	Gross Monthly Income Level 200%	Gross Monthly Income Level 225%
1	\$1,995.00	\$2,327.50	\$2,660.00	\$2,992.50
2	\$2,705.00	\$3,155.83	\$3,606.67	\$4,057.50
3	\$3,415.00	\$3,984.17	\$4,553.33	\$5,122.50
4	\$4,125.00	\$4,812.50	\$5,500.00	\$6,187.50
5	\$4,835.00	\$5,640.83	\$6,446.67	\$7,252.50
6	\$5,545.00	\$6,469.17	\$7,393.33	\$8,317.50
7	\$6,255.00	\$7,297.50	\$8,340.00	\$9,382.50
8*	\$6,965.00	\$8,125.83	\$9,286.67	\$10,447.50

*For family units with more than 8 members, add \$710.00 for each additional member at the 150% level, \$828.33 at the 175%, \$946.67 at the 200% level, and \$1,065.00 at the 225% level.

Table revised: 02/05/26

Source: [PDF Chart from HHS.gov](#)

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 PIMA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

-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 3.
- In the Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

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

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

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

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

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

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



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

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

OR

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

☐ Temporary Assistance to Needy Families (TANF)

☐ Food Stamps

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



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

OR

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

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



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

OR

- D. ☐ My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of your

spouse or domestic partner's income if available to you.) *(See the Poverty Levels Chart in 2(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 2(H) to determine if your income is 150% or less of the poverty level.)*

DESCRIPTION OF EXTRAORDINARY EXPENSES

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES	\$ _____

- H. **POVERTY LEVELS CHART.** The chart below lists the gross monthly income levels at 150% of the current federal poverty levels based on **household size**. Household size is the number of related individuals living in your home, including yourself, that you support financially. Use the chart to determine the poverty levels based on your household size and whether your gross monthly income is less than, or more than, 150% of the poverty levels.

(AS OF JANUARY 15, 2026)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,995	5	\$4,835
2	\$2,705	6	\$5,545
3	\$3,415	7	\$6,255
4	\$4,125	8*	\$6,965

3. FINANCIAL QUESTIONNAIRE

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

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

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

☐ _____ ☐ _____ ☐ _____ ☐ _____
☐ _____ ☐ _____ ☐ _____ ☐ _____

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

Employer name: _____

Employer phone number: _____

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

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

E. Do you have income from the following sources?

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

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

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

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

G. What are your **average total monthly expenses**, including rent/mortgage, utilities, vehicle/transportation, credit cards, insurance, medical/dental, child support, childcare, spousal maintenance, tuition, or other expenses? \$ _____

CONSENT TO ENTRY OF JUDGMENT

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

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

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

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

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

I declare under penalty of perjury that I have read the above statements and to the best of my knowledge and belief these statements are true and correct.

Date

Applicant's Signature

Applicant's Printed Name



Instructions for Completing Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees

THIS AFFIDAVIT IS REQUIRED if you are requesting a deferral or waiver of fees for service of process. You must complete this Affidavit and file it with the clerk along with your Application.

The Caption

- **Personal information** – Write your name, street address, city, state, ZIP code, telephone number, and email address.
- **Representing** – Check “Self (Without an Attorney)”
- **Lawyer Bar Number**– leave blank, since you are not represented by an attorney.
- **Petitioner/Plaintiff** – Enter the name of Petitioner/Plaintiff.
- **Respondent/Defendant** – Enter the name of Respondent/Defendant.
- **Case No.** – Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.

THE OPTIONS FOR SERVICE OF PROCESS CAN BE COMPLICATED.



**Before completing this Affidavit, see Packet #10, *Service on the Other Party*.
If your case concerns paternity, see Packet #21, *Paternity – Service on the Other Party*.**

Check one of the options for service listed on the form. Select the one that you need help with from the court.

- Check the box for **Section A: Fees for service of process** if you are requesting a deferral or waiver of process fees charged by a sheriff or other law enforcement agency.

Check the appropriate box if (any that apply):

- You asked the other party to voluntarily accept service, but they won't.

- It would be either useless or dangerous for you to ask the other party to voluntarily accept service.
- *Explain* the situation on the lines.
- You have an injunction against harassment or order of protection against the other party.

OR

- Check the box for **Section B: Fees for publication** if you are requesting a deferral or waiver of fees for service by publication.

This option is not available in paternity cases. Before attempting service by publication, you must have tried to locate the other party and have not been able to. For more information, see Packet #10, *Service on the Other Party*, and Packet #21, *Paternity—Service on the Other Party*.

Check the appropriate box if (any that apply):

- You tried to find the other party.
 - Explain what you did to try to find the other party on the lines provided.
- You contacted people to try to find the other people.
 - Write the name(s) and address(es) of the people you contacted.

OATH OR AFFIRMATION

In signing this application, you promise that everything in the form is correct. This form does not need to be notarized.

- Write the date on the line
- Sign the form
- Write your name on the line above “Applicant’s Printed Name”

INFORMATION FOR SERVICE

You must provide the information in this section!

- Write the other party’s last known address and the most recent date you know that the other party lived there.

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

SUPERIOR COURT OF ARIZONA
IN PIMA 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.

Case Number: _____

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

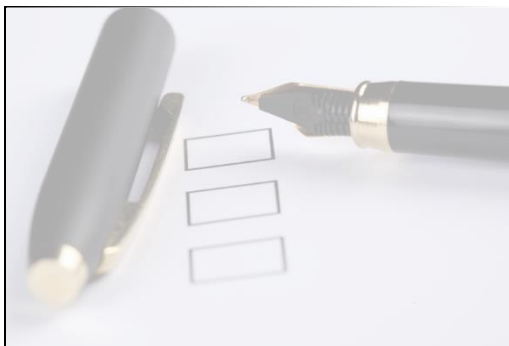
Applicant's Printed Name

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]



Instructions for Completing Order Regarding Deferral / Waiver of Court Fees / Costs

The Caption

- **Personal information** – Write your name, street address, city, state, ZIP code, telephone number, and email address.
- **Representing** – Check “Self (Without an Attorney)”
- **Lawyer Bar Number**– leave blank, since you are not represented by an attorney.
- **Petitioner/Plaintiff** – Enter the name of Petitioner/Plaintiff.
- **Respondent/Defendant** – Enter the name of Respondent/Defendant.
- **Case No.** – Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.

THE COURT FINDS

- Write your name on the line as the applicant

THIS IS ALL THAT YOU COMPLETE ON THIS FORM.

**THE JUDGE WILL DECIDE THE ORDER AND YOU WILL
RECEIVE A COPY WHEN IT IS SIGNED.**

WHEN THE FORM IS RETURNED TO YOU, READ IT CAREFULLY.

**IF YOUR REQUEST WAS DENIED, YOU MAY BE ABLE TO
RESUBMIT YOUR APPLICATION.**

**IF YOU ARE ORDERED TO PAY FEES OR COSTS, YOU MUST
MAKE PAYMENT WITHIN THIRTY (30) DAYS.**

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

IN PIMA COUNTY

COURT OF ARIZONA

Name of Petitioner/Plaintiff

Case Number: _____

-vs-

Name of Respondent/Defendant

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

THE COURT FINDS that the applicant or estate/ward/protected person, _____

(print name):

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

OR

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

☐ Financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.

☐ At the court's discretion (A.R.S. § 12-302(L)).

☐ Good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR

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

☐ Applicant is permanently unable to pay.

☐ At the court's discretion (A.R.S. § 12-302(L)).

IT IS ORDERED:

☐ **WAIVER IS DENIED** for the following reasons:

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

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

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

☐ **DEFERRAL IS DENIED** for the following reason(s):

☐ The application is incomplete because _____

You are encouraged to submit a complete application.

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

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

☐ Other reason: _____

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

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

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

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

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

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

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

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

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

NOTICE REGARDING CONSENT JUDGMENT. A consent judgment may be entered against you for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order UNLESS:

- 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.

If you appeal the final order, decree, or judgment, unpaid court fees are due 30 days after the appeals process ends. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES. An applicant who is granted a deferral or waiver must promptly notify the court of any change in financial circumstances during the course 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

NOTE: IF THE APPLICATION IS BY VERBAL AVOWAL, THE APPLICANT MUST SIGN THE CONSENT TO ENTRY OF JUDGMENT.

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



Instructions for Completing the Confidential Sensitive Data Form

The Caption

The Caption is the information in the upper left-hand side of the first page of each form.

- **Personal information** – Fill in your name, street address, city, state, ZIP code, and telephone number.

If you are a domestic violence victim, do not write your address on this form. Instead, write “Protected Address” and complete the *Request for Protected Address* packet available in Law Library

- **Case No.** – Enter your Superior Court Number
- **Petitioner** – Enter the Petitioner’s name, as found on the original Petition.
- **Respondent** – Enter the Respondent’s name, as found on the original Petition if applicable at this time.

What is Sensitive Data?

Sensitive data, or sensitive information, is information that you might not want other people to see. Sensitive data includes your social security number, bank account number, credit card number, and other financial account numbers.

Court documents, for the most part, can be seen by anyone. If you need to include any of the information listed above on court documents, you should write “SEE CONFIDENTIAL SENSITIVE DATA FORM” on the document. Then you need to fill out the Confidential Sensitive Data Form. This is where you will include the actual sensitive information. This is important because the “Confidential Sensitive Data Form” will not be seen by the public.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____
Representing ☐ Self, without a Lawyer or
☐ Attorney for ☐ Petitioner OR ☐ Respondent

ARIZONA SUPERIOR COURT, PIMA COUNTY

Case No. _____

Petitioner
and

Respondent

CONFIDENTIAL SENSITIVE DATA FORM

A. Personal Information:

Name	Birth Date	Social Security Number
Petitioner: _____	_____	_____
Respondent: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____

B. Financial account numbers (including credit cards, financial institution accounts, investments, debts):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and retirement accounts (including IRAs and 401ks):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life insurance policies:

Insurance Company	Type of Policy	Name(s) on Policy	Policy #
_____	_____	_____	_____
_____	_____	_____	_____