

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 Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

Case Number: J

(or) Name of Petitioner/Plaintiff

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 MARICOPA)^{s s}

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 pendency of this court action.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, court accountant fees and costs, court investigator fees and costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. My interest in this case is (check on box):

- Petitioner for Appointment of a Guardian of a Minor
 Other (describe): _____

2. [] **DEFERRAL:** I or the Estate/Ward/Protected Person receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:
[] Temporary Assistance to Needy Families (TANF)
[] Food Stamps
[] Legal Aid Services

3. **WAIVER:**

I or the Estate/Ward/Protected Person receive government assistance from the federal Supplemental Security Income (SSI) program.

FINANCIAL QUESTIONNAIRE

STATEMENT OF INCOME AND EXPENSES:

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

NAME	RELATIONSHIP

EMPLOYER INFORMATION

Employer name: _____

Employer phone number: _____

I am unemployed (explain): _____

My prior year's gross income: \$ _____

MONTHLY INCOME INFORMATION

Monthly Gross Income: (full amount of wages/salary before any deductions) \$

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: (Add amounts from these lines.) \$

My monthly expenses and debts are:

	A MONTHLY PAYMENTS	B LOAN BALANCES
Rent/Mortgage payment	\$	\$
Car Payment	\$	\$
Credit Card Payments	\$	\$
Other Financing Obligations with Monthly Payments:		
Describe:	\$	\$
Describe:	\$	\$
TOTAL OF LOAN BALANCES: (Add column B)		\$
Food/Household supplies	\$	
Clothing	\$	
Utilities (Electric, Gas, Water, Telephone)	\$	
Medical / Dental/ Prescription Expenses	\$	
Health Insurance	\$	
Car Insurance	\$	
Gasoline/Bus Fare	\$	
Spousal Maintenance (alimony paid by you)	\$	
Child Support	\$	
Child Care	\$	
Nursing care	\$	
Other	\$	
Other	\$	
TOTAL MONTHLY PAYMENTS: (Add column A, starting from "Rent/Mortgage")		\$

STATEMENT OF ASSETS: List those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and Bank Accounts	\$
Credit Union Accounts	\$
Other liquid assests	\$
TOTAL ASSETS: (Add)	
	\$

The basis for the request is:

4. **DEFERRAL:**

A. My or the Estate/Ward/Protected Person's 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 community property income if available to you.)

OR

B. 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.**

OR

C. My income is greater than 150% of the poverty level, but 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.

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

5. **WAIVER:**

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.

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. Addition details about this process are discussed in the ***“Consent to Entry of Judgment”*** Section of this Application.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

OATH OR AFFIRMATION

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

Date

Signature

Applicant’s Printed Name

Date

Judicial Officer, Deputy Clerk or Notary Public

My Commission Expires/Seal: