

Person Filing: _____

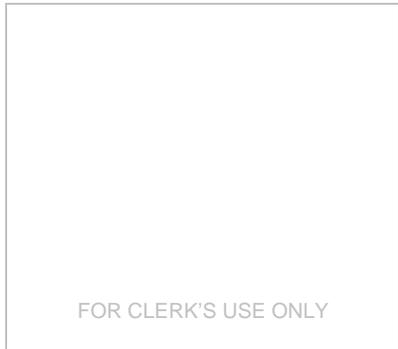
Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____



Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

Case Number _____

A Minor

SUPPLEMENT INFORMATION FOR APPLICATION FOR WAIVER OF FEES AND COSTS FOR (check one or both)

Service of Process

Publication

Instructions:

- Check box 1 to request waiver of fees for **Service of Process** (personal service).
- Check all boxes that apply for **Publication**.
- Be sure to fill in the blanks for the boxes you check.
- After you have completed this form, take it to the Juvenile Court Clerk. You will sign the form on page 2 in front of the clerk.

STATE OF ARIZONA)
COUNTY OF MARICOPA)ss.

1. The information stated below is true and correct.
2. I am the petitioner in this court case, and the filing fees have been waived by the court.
3. This information is given so I can proceed with serving a Notice of Hearing in this court case, as provided by the statutes and the Rules of Court in Arizona.

REQUEST FOR WAIVER OF SERVICE OF PROCESS COSTS

1. A waiver of **Service of Process** costs is necessary because (check one):

I have attempted to obtain voluntary acceptance of service of process without success on the person to be personally served with notice.

It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain here in detail)

REQUEST FOR WAIVER OF COSTS TO PUBLISH NOTICE

2. A waiver of **costs to publish notice** is necessary because the residence and whereabouts of the party or parties entitled to notice are unknown to me and (check all that apply):

The party or parties I must give notice to by publication are (list names and interest in this court case):

NAME	INTEREST IN CASE
_____	_____
_____	_____
_____	_____

I have made a diligent search to find out the residence and whereabouts of the party or parties, but the search has failed to reveal any information concerning the party's or parties' residence or whereabouts.

To the best of my knowledge, as of (date) _____, 20_____, the last address of (name) _____ was: _____.

Regarding (name of who you tried to find) _____

I have contacted the persons listed below to find out the location of:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

Regarding (name of who you tried to find) _____

I have contacted the persons listed below to find out the location of:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

I WILL PROMPTLY NOTIFY THE COURT IN WRITING IF ANY FINANCIAL CIRCUMSTANCES CHANGE DURING THE PENDENCY OF THIS COURT ACTION. IF THAT HAPPENS, I OR THE ESTATE MAY BE ABLE TO PAY THE FEES THAT HAVE BEEN WAIVED OR DEFERRED.

Applicant's Signature

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public