



FOR CLERK'S USE ONLY

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:

JG No: \_\_\_\_\_

\_\_\_\_\_

ORDER FOR WAIVER OF

SERVICE OF PROCESS

a Minor

PUBLICATION

### THE COURT FINDS THAT

For **Service of Process in a guardianship case**, the Applicant has previously demonstrated a need for waiver of court fees and costs pursuant to A.R.S. 12-306. The Applicant has further demonstrated the need for a waiver of service of process fees and costs as follows:

The Applicant has attempted to obtain voluntary acceptance of service of process without success on the person to be personally served with notice, **OR**

It would be useless or dangerous for the Applicant to try to obtain voluntary acceptance of service by the person to be served.

For **Publication**, the Applicant has previously demonstrated a need for a waiver of court fees and costs under A.R.S. 12-306. The applicant has further demonstrated a need for a waiver of service by publication fees and costs as follows:

The applicant has made a diligent search to find out the residence and whereabouts of the following person(s) but the search has failed to reveal any information concerning the person's residence or whereabouts.

Case No. \_\_\_\_\_

**NAME**

**INTEREST IN CASE**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

The applicant is required to publish a notice of hearing or once a week for three weeks.

**IT IS ORDERED THAT** the following fees and costs are waived for:

**Service of Process** by the Maricopa County Sheriff's Office.

**Publication** in the Record Reporter.

**IT IS FURTHER ORDERED THAT**

The applicant shall promptly notify this court in writing of any change in the Applicant's financial circumstances during the time the case is pending which may affect the applicant's or the estate's ability to pay the **waived** fees and costs. The applicant must keep a copy of this order to present to the Court upon request.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Special Commissioner

OR

\_\_\_\_\_  
Judge/Commissioner

**I CERTIFY** that I mailed/delivered/provided a copy of this document to:

Applicant  at the above address  in court

Applicant's attorney  at the above address  in court

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_  
Clerk