

# **PROBATE FEE DEFERRAL APPLICATION**

**1**

**To Defer Court Fees/Costs**  
(at the beginning of the case)

**PROBATE COURT**  
**DEFERRAL OF COURT FEES AND COSTS**

CHECKLIST

*You may use these forms and instructions in this packet if . . .*

- ✓ **Yours is a Probate Court case**, which may include:
  - guardianship\* and/or conservatorship, **or**
  - matters concerning the estate and transfer of property of someone who died, **AND**
- ✓ You or the estate need to have payment of filing fees and/or other court fees and costs **deferred** or **waived**, that is, *you need to pay later or cannot afford to pay at all*, **AND**
- ✓ If your request for deferral (but not waiver) is granted you will later receive either a bill for the full amount or a payment plan from the Court.
- ✓ You understand that if your request for deferral is granted, a charge will be added to your deferred fees.
- ✓ You understand that **waivers**, which excuse payment completely, are rarely granted at the beginning of a case, but you may still request a waiver at the time of the hearing, **AND**
- ✓ If you qualify for a fee *waiver*, the fee mentioned above will not apply.

\* **Guardianships for MINORS** that are not combined with conservatorship are handled by the Juvenile Court and require different fee deferral forms.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

## REQUEST FOR DEFERRAL OF FEES AND COSTS in the PROBATE COURT

This packet contains court forms and instructions to file a request for deferral of fees and costs in the probate court. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	PBW1k	Checklist: You may use this packet if . . .	1
2	PBW1t	Table of Contents (this page)	1
3	GNF10f	<b>“Deferred Fee Application Information”</b> sheet	1
4	PBW11f	<b>“Application for Deferral of Court Fees and Costs”</b>	3
5	PBW18f	<b>“Order Deferring/Waiving Court Fees and Costs”</b>	4
6	PBW21f	<b>“Affidavit Supporting Deferral or Waiver of Service of Process Costs”</b>	2

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CASE NUMBER: \_\_\_\_\_

Plaintiff/Petitioner \_\_\_\_\_

DATE: \_\_\_\_\_

Defendant/Respondent \_\_\_\_\_

**APPLICANT**

Complete all information in this section.

**DEFERRED FEE APPLICATION INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 this Section (except for your signature, below).

**FINANCIAL STATUS OF A DEFERRED FEE**

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

FEE CODE # \_\_\_\_\_ TYPE \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ \_\_\_\_\_

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

**Special Commissioner**

Complete all information for each deferred fee in this section.

**Special Commissioner**

Complete this section if a payment plan is set up.

Cross out if deferred until further notice.

BALANCE OF DEFERRED FEE(S) DUE ON \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

I (APPLICANT) SHALL MAKE ( WEEKLY  MONTHLY) PAYMENTS OF \$ \_\_\_\_\_

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

**Applicant:**

APPLICANT SIGNATURE: \_\_\_\_\_

**Special Commissioner**

Check why deferred until further notice.

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).

**ASSISTANCE RECEIVED/ INCOME INFORMATION**

TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)

SSI

FOOD STAMPS

< 150%

COMMUNITY LEGAL SERVICES

**Applicant:**

APPLICANT SIGNATURE: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary 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 PB \_\_\_\_\_

### APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND COSTS and CONSENT TO ENTRY of JUDGMENT

\_\_\_\_\_  
Name of protected (or deceased) person

**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/Conservator for an Adult or a Minor  
 Petitioner for Appointment of a Personal Representative for the Estate  
 Creditor filing a Demand for Notice  
 Other (describe): \_\_\_\_\_

**2. [ ] DEFERRAL: I receive or the Estate/Ward/Protected Person receives 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 receive or the Estate/Ward/Protected Person receives government assistance from the Federal Supplemental Security Income (SSI) program.

**4. FINANCIAL QUESTIONNAIRE**

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

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

**STATEMENT OF INCOME AND EXPENSES**

Employer name: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

I am unemployed (explain): \_\_\_\_\_

My prior year's gross income: \$ \_\_\_\_\_

**MONTHLY INCOME**

My total monthly gross income: \$ \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Tuition	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Transportation	\$ _____	
Other expenses (explain)	\$ _____	

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

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

	ESTIMATED VALUE
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Other liquid assets	\$ _____

**TOTAL ASSETS** \$ \_\_\_\_\_

**THE BASIS FOR THE REQUEST IS:**

**5. [ ] DEFERRAL:**

A. [ ] My income 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 or the Estate/Ward/Protected Person 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 or the Estate/Ward/Protected Person's 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**

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXTRAORDINARY EXPENSES</b>	\$ _____

**6. [ ] WAIVER:**

I or the Estate/Ward/Protected Person, 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.

<b>IMPORTANT</b>
This "Application for Deferral or Waiver of Court Fees 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 <i>Notice of Court Fees and Costs Due</i> indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. 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.

**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:

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_  
Representing  Self, without a Lawyer, or  Attorney for  Petitioner  Respondent

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number PB \_\_\_\_\_

### ORDER

\_\_\_\_\_  
Name of protected (or deceased)  
person

DEFERRING COURT FEES AND/OR  
COSTS (ODC)

WAIVING COURT FEES  
AND/OR COSTS (OWC)

DENYING DEFERRAL/WAIVER (ODD) OF COURT  
FEES AND COSTS AND CONSENT TO ENTRY OF  
JUDGMENT

**NOTE: ONLY FILL OUT THE ABOVE INFORMATION. THE COURT WILL FILL OUT THE REST OF THE FORM.**

**THE COURT FINDS** that the applicant (print name): \_\_\_\_\_:

1.  **IS NOT ELIGIBLE FOR A DEFERRAL** of fees and/or costs.  
**OR**
2.  **IS ELIGIBLE FOR A DEFERRAL** based on financial eligibility for a deferral of fees and/or costs. As required by state law, the applicant has signed a consent to entry of judgment.  
**OR**
3.  **IS ELIGIBLE FOR DEFERRAL** of fees and/or costs on good cause shown.  
**OR**
4.  **IS ELIGIBLE FOR DEFERRAL** of fees and/or costs at the court's discretion (A.R.S. § 12-302(L)).  
**OR**
5.  **IS ELIGIBLE FOR A WAIVER** of fees and/or costs because the applicant is permanently unable to pay (A.R.S. § 12-302(D)).  
**OR**

6.  **IS ELIGIBLE FOR A WAIVER** of fees and/or costs at the court's discretion (A.R.S. § 12-302(L)).

**OR**

7.  **IS NOT ELIGIBLE FOR A WAIVER** of fees and/or costs.

**IT IS ORDERED:**

1.  **DEFERRAL DENIED** for the following reason(s):

**The application is incomplete because:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are encouraged to submit a complete application before a consent judgment is entered against you.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A deferral MUST BE granted if the applicant is receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps; presents documentation they are currently receiving services from a non-profit legal services organization; has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court; or, if the applicant demonstrates other good cause.**

This is a class action.

The applicant is an incarcerated felon and this is not a domestic relations action.

2.  **DEFERRAL GRANTED** for the following fees and/or costs in this court:

Any or all of the following: All filing fees, fees for the issuance of summonses and subpoenas, fees for obtaining one certified copy of letters of temporary or permanent appointment or of any temporary or final order, judgment or decree in any civil proceeding.

Fees for service of process by a sheriff, marshal, constable or local law enforcement agency

Fees for service by publication

Filing fees and photocopy fees for the preparation of the record on appeal

Court reporter's fees of reporters or transcribers employed by the court for the preparation of the transcript.

- Court accountant fees and/or costs.
- Court investigator fees and/or costs.

**IF A DEFERRAL IS GRANTED, PLEASE CHECK ONE OF THE FOLLOWING BOXES.**

- NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE**
- SCHEDULE OF PAYMENTS**

The applicant shall pay \$ \_\_\_\_\_ each \_\_\_\_\_ (Week, month, etc.)  
until paid in full, beginning: \_\_\_\_\_

3.  **WAIVER IS DENIED** for all fees and/or costs in this case.
- WAIVER GRANTED for all fees and/or costs of this case that may be waived under A.R.S. § 12-302(H).**
- Any or all of the following: All filing fees, fees for the issuance of summonses and subpoenas, fees for obtaining one certified copy of letters of temporary or permanent appointment or of any temporary or final order, judgment or decree in any civil proceeding.
- Fees for service of process by a sheriff, marshal, constable or local law enforcement agency
- Fees for service by publication
- Filing fees and photocopy fees for the preparation of the record on appeal
- Court reporter's fees of reporters or transcribers employed by the court for the preparation of the transcript.
- Court accountant fees and/or costs.
- Court investigator fees and/or costs.
4. **RIGHT TO JUDICIAL REVIEW.** If the application is denied or a payment schedule set by a special commissioner, you may request the decision be reviewed by a judge or judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after the judicial review. The judicial review shall be held as soon as possible.
5. **NOTICE REGARDING CONSENT JUDGMENT.** Unless any of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

- A. Fees and costs are taxed to another party;
- B. The applicant has an established schedule of payments in effect and is current with those payments.
- C. A supplemental application for waiver or further deferral remains pending;
- D. The court orders that the fees and costs be waived or further deferred; Or,
- E. Within twenty days of the date the court denies the supplemental application, the applicant:
  - 1. Pays the fees; or,
  - 2. Requests a hearing on the court's order denying waiver or further deferral. If the applicant requests a hearing, the court shall not enter the consent judgment unless a hearing is held, waiver or further deferral is denied and payment has not been made within the time prescribed by the court.

If an appeal is taken, a consent judgment for deferred fees and costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and costs in full, the court is required to comply with the provisions of A.R.S. § 33-964(C).

**6. DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral shall promptly notify the court of the change in financial circumstances during the pendency 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 or  Special Commissioner

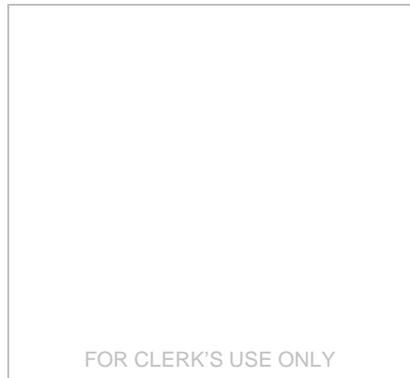
**I CERTIFY** that I mailed/delivered/provided a copy of this document to:

Applicant  at the above address  in court

Applicant's attorney  at the above address  in court

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

**By:** \_\_\_\_\_  
Clerk of Superior Court



FOR CLERK'S USE ONLY

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

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

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number PB \_\_\_\_\_

## AFFIDAVIT SUPPORTING DEFERRAL OR WAIVER OF SERVICE COSTS

\_\_\_\_\_  
Name of protected (or deceased) person

**NOTE: FILL OUT THIS FORM ONLY IF YOU REQUESTED DEFERRAL OR WAIVER OF SERVICE COSTS IN THE APPLICATION. YOU MUST HAVE ATTEMPTED PERSONAL SERVICE OR HAVE A VALID REASON FOR NOT DOING SO. SERVICE BY PUBLICATION IS USED AS A LAST RESORT.**

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.**

**I have requested a deferral or waiver of the following fees in my case:**

**Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):

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 or order of protection has been granted to me against the person to be served.

**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
_____	_____
_____	_____
_____	_____

**INFORMATION FOR SERVICE**

**You must provide the following information:**

To the best of my knowledge, as of (date) \_\_\_\_\_, the last known address of the person to be served was: \_\_\_\_\_  
(Street Address, City and State)

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_