

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

\_\_\_\_\_  
Name of Petitioner / Plaintiff

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent / Respondent

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):

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

Case Number: \_\_\_\_\_

An enforceable Injunction Against Harassment has been granted to me against the person to be served.

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

Case Number: \_\_\_\_\_

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 is:

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as of \_\_\_\_\_.

[insert date]