FEE DEFERRAL
APPLICATION

1

DO NOT COPY OR FILE THIS PAGE

To Delay Payment of Court Fees/Costs
(at the beginning of the case)
For Family Court, Tax, Civil,
Juvenile (Non-guardianship)**, and**
Mental Health Cases

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GNF1 – 5310 - 060115

_____ 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):** ( ) _____

Special Commissioner

Complete all information for each deferred fee in this section.

(*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 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: _____

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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:_____

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

_____
Name of Respondent/Defendant

STATE OF ARIZONA)

COUNTY OF _____) ss.

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, the cost of attendance at an educational program required by A.R.S. § 25-352, 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, 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. ☐ **DEFERRAL:** I 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

2. ☐ **WAIVER:**

- ☐ I receive government assistance from the federal Supplemental Security Income (SSI) program.

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3. 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 $_____

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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:

4. ☐ **DEFERRAL:**

A. ☐ My 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 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 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.

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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:	

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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:_____

ORDER REGARDING DEFERRAL OR WAIVER OF COURT FEES AND COSTS AND NOTICE REGARDING CONSENT JUDGMENT

_____
Name of Respondent/Defendant

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 costs.

OR

2. ☐ IS ELIGIBLE FOR A DEFERRAL of fees and costs based on financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.

OR

3. ☐ IS ELIGIBLE FOR A DEFERRAL of fees and costs at the court's discretion (A.R.S. § 12-302(L)).

OR

4. ☐ IS ELIGIBLE FOR A DEFERRAL of fees and costs based on good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR

5. ☐ IS ELIGIBLE FOR A WAIVER of fees and costs because the applicant is permanently unable to pay.

OR

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

OR

7. ☐ IS NOT ELIGIBLE FOR A WAIVER of fees and costs.

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Case Number: _____

IT IS ORDERED:

☐ **DEFERRAL IS DENIED** for the following reason(s):

☐ The application is incomplete because _____

You are encouraged to submit a complete application.

☐ The applicant does not meet the financial criteria for 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; 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.

☐ **DEFERRAL IS GRANTED** for the following fees and costs in this court:

☐ Any or all filing fees; fees for the issuance of either a summons and subpoena; or the cost of attendance at an educational program required by A.R.S. § 25-352, fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.

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

☐ Fees for service by publication.

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

☐ Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

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 _____.

☐ **WAIVER IS DENIED** for all fees and costs in this case.

☐ **WAIVER IS GRANTED** for all fees and costs in this case that may be waived under A.R.S. § 12-302(H).

☐ Any or all filing fees; fees for the issuance of either a summons or subpoena; or the cost of attendance at an educational program required by A.R.S. § 25-352, fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.

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

☐ Fees for service by publication.

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

☐ Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

RIGHT TO JUDICIAL REVIEW. If the application is denied or a payment schedule is set by a special commissioner, you may request the decision be reviewed by a 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 judicial review. Judicial review shall be held as soon as reasonably possible.

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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. The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;

D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or

E. Within twenty (20) days of the date the court denies the supplemental application, the applicant either:

1. Pays the fees and costs; or,
2. Requests a hearing on the court's order denying further deferral or waiver. If the applicant requests a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver 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).

DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES. An applicant who is granted a deferral or waiver shall promptly notify the court of any 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** [ ] **Special Commissioner**

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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

_____
Name of Respondent/Defendant

Case Number: _____

AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES

STATE OF ARIZONA)
COUNTY OF _____) ss.

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.

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 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 has been granted to me against the person to be served.

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[ ] **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**

_____

_____

OATH OR AFFIRMATION

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

Date: _____

_____
Signature

_____
Applicant's Printed Name

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 as: _____

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