

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Attorney E-mail Address: \_\_\_\_\_  
 Representing  Self (Without an Attorney) OR  
 Attorney for  Petitioner  Respondent

**SUPERIOR COURT OF ARIZONA  
 GILA COUNTY**

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

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

**APPLICATION FOR DEFERRAL OR WAIVER  
 OF SERVICE OF PROCESS FEE FOR  
 INJUNCTIONS AGAINST HARASSMENT 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/waiver of the fee for service of process by a sheriff, marshal, constable or law enforcement agency.** 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.
  
3. **FINANCIAL QUESTIONNAIRE**  
**SUPPORT RESPONSIBILITIES:** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

**NAME****RELATIONSHIP**


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**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:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
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.

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

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 Service of Process for Injunctions against Harassment" 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.

**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:

# SUPERIOR COURT OF ARIZONA IN GILA COUNTY

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

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

## ORDER REGARDING DEFERRAL OF SERVICE OF PROCESS FEE FOR INJUNCTIONS AGAINST HARASSMENT

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

### UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,

**IT IS ORDERED:** (Check all boxes that apply)

- DEFERRAL IS GRANTED** for the service of process fee.  
The applicant shall make payments as set forth below.
- DEFERRAL IS DENIED** for the service of process fee.  
The applicant does not meet the financial criteria for deferral.

DATED: \_\_\_\_\_

\_\_\_\_\_ [ ] Judicial Officer [ ] Special Commissioner

### PAYMENT DUE DATE

The applicant shall pay the service of process fee of \$\_\_\_\_\_ on or before (date) \_\_\_\_\_.

If payment is not made in full when due, you will receive a notice reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees and/or costs. The court will decide at that time whether or not you must pay.

**NOTE: IF THE APPLICATION IS BY VERBAL AVOWAL, THE APPLICANT MUST SIGN THE CONSENT ON THE NEXT PAGE.**

If payment of the service of process fee has been postponed and payment is not made in full when due, you will receive a *Notice of Court Fees and Costs Due* reminding you that you may submit a supplemental application for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will decide at that time whether or not you must pay.

**CONSENT TO ENTRY OF JUDGMENT.** By signing this section, I agree that a judgment may be entered against me for all fees that are deferred, but that remain unpaid thirty (30) calendar days after the entry of final judgment. Judgment may be entered against me unless any of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I 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, I either:
1. Pay the fees and costs; **or**,
  2. Request a hearing on the court's order denying further deferral or waiver. If I request 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.

**ACKNOWLEDGMENT AND SIGNATURE UNDER OATH**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant's Printed Name

**SUBSCRIBED AND SWORN** or affirmed and acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ .

\_\_\_\_\_  
My Commission Expires/Seal:

\_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

**SUPERIOR COURT OF ARIZONA  
GILA COUNTY**

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

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

**ORDER REGARDING WAIVER OF SERVICE OF  
PROCESS FEE FOR AN INJUNCTION AGAINST  
HARASSMENT**

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

**UPON VERBAL AVOWAL OR WRITTEN APPLICATION AND A FINDING OF GOOD CAUSE,**

**IT IS ORDERED:**

**WAIVER IS GRANTED** for the service of process fee.

**WAIVER IS DENIED** for the service of process fee. The applicant does not meet the financial criteria for a waiver.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer