

# GETTING HELP WITH A FILING FEE

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you're doing the right thing. The Self-Help Center has information on finding an attorney.

*Fill out these forms and include them with the papers you're filing in person or by mail. Sign them in front a notary before you file or in front of the Clerk when you file.*

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**COCONINO COUNTY SUPERIOR COURT**

\_\_\_\_\_ Case Number: \_\_\_\_\_  
Name of Petitioner/Plaintiff

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

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

*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.*

STATE OF ARIZONA        )  
COUNTY OF COCONINO    )<sup>ss.</sup>

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.

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 (*bring a copy of your proof that you receive this assistance*):

**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. (*Bring a copy of your proof that you receive this assistance.*)

*If you checked Deferral or Waiver above, leave the rest of the form blank.*

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**

	<b>Loan Balance</b>	<b>Payment Amount</b>
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other payments and debts. <i>Explain:</i>	\$ _____	\$ _____

	<b>Payment Amount</b>
Household	\$ _____
Utilities/Telephone/Cable	\$ _____
Medical/Dental/Drugs	\$ _____
Health insurance	\$ _____
Nursing care	\$ _____
Tuition	\$ _____
Child support	\$ _____
Child care	\$ _____
Spousal maintenance	\$ _____
Car insurance	\$ _____
Transportation	\$ _____
Other expenses. <i>Explain:</i>	\$ _____

**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:**

*To see if your income is 150% or less of the current federal poverty level, see the chart at the end of this form.*

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.*

**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:

**150% OF POVERTY LEVEL**

<b>Number of People in your family/household:</b>	<b>Your income is 150% or less of the current federal poverty level if your income is less than:</b>
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945

**CONFIDENTIAL PERSONAL FINANCIAL AFFIDAVIT**

STATE OF ARIZONA            )  
COUNTY OF COCONINO    ) <sup>SS.</sup>

I, \_\_\_\_\_, am an applicant for a **DEFERRAL OR WAIVER OF COURT FEES AND COSTS PURSUANT TO A.R.S. § 12-302**. The Application for Deferral or Waiver of Court Fees and Costs requires a Consent to Entry of Judgment. By signing the Consent, I have agreed that a judgment may be entered against me for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. I understand that collection efforts include referring the judgment to a collection program (A.R.S. § 12-116.03), entry into a tax intercept program (A.R.S. § 41-1122(b)), and reporting of the debt to credit bureaus (A.R.S. § 12-288), which require the use of my social security number. I understand that the information provided is collected for administrative purposes and shall be maintained as confidential information under Rule 123, Rules of the Supreme Court, unless needed to enforce the consent judgment as specified above. Therefore,

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

I hereby verify that my social security number is \_\_\_\_\_

OR

I hereby verify that I do not possess a valid social security number.

\_\_\_\_\_  
Signature

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

**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires/Seal: \_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

\_\_\_\_\_ Case Number: \_\_\_\_\_  
Name of Petitioner/Plaintiff

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

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

**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.



**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; 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.**

**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; or 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; or 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.

**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

*Only fill out this form if you're asking for help with the fees for serving court papers on the other party.*

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**COCONINO COUNTY SUPERIOR COURT**

\_\_\_\_\_ Case Number: \_\_\_\_\_  
Name of Petitioner/Plaintiff

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

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

*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.*

STATE OF ARIZONA        )  
COUNTY OF COCONINO    )<sup>ss.</sup>

**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.

[ ] **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 is: \_\_\_\_\_