



PINAL COUNTY JUSTICE COURTS

DEFERRAL OR WAIVER OF FEES

INSTRUCTIONS

&

FORMS



Arizona law requires the court to charge filing fees, service fees and other fees to cover costs. Court fees are due at the time of filing or at the time of requesting service.

If you wish to file a civil (civil, small claims, forcible detainer, or injunction against harassment) case and you cannot afford to pay the applicable court fee(s) you may apply for a fee deferral or waiver. The court will review your financial situation as presented in the application to determine if you qualify for a fee deferral or waiver. If the court grants you a deferral, you may be required to pay a portion of the fee now and be given additional time to pay the balance. If you are granted a waiver you will not be required to pay the fee(s).

Fees that may be included in a request for deferral or waiver are:

- Filing fees or Answer fees
- Constable Service fees (some restrictions apply)
- Summons or Subpoena Issuance fees
- Appeal Preparation and Filing fees
- One Certified Copy fee (final judgment)

If your fees are deferred, upon final judgment in your case, the court will send you a notice of fees due. You have 30 calendar days after the final judgment to: pay the amount due, request additional time to pay, or apply for a fee waiver. If no request is made within 30 days the full payment is due.

FORMS NEEDED:

- ✓ Application for Deferral of Court Fees and/or Costs and Consent to Entry of Judgment. *(Use this form or the next, below)*
- ✓ Application for Deferral or Waiver of Service of Process Fees for Injunctions Against Harassment and Consent to Entry of Judgment.
- ✓ Affidavit in Support of Application for Deferral or Waiver of Service of Process Costs.

INSTRUCTIONS:

- 1) Fill out applicable Application for Deferral of Fees and/or Costs and Consent to Entry of Judgment form (either Deferral of Court Fees or Deferral/Waiver of Process Fees). Be sure to check the boxes that tell the court which fees and/or costs you need deferred or waived. ***If you receive government assistance, please attach current proof. DO NOT sign the application form until you are either in the presence of a notary public or a court clerk.***
- 2) If you are requesting that service fees be deferred or waived, complete the Affidavit in Support of Application for Deferral or Waiver of Service of Process Costs form.
- 3) Make two copies of each completed form and file with the court clerk.

Pinal County Justice Courts, State of Arizona

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

STATE OF ARIZONA)
COUNTY OF Pinal) **ss.**

Name of Plaintiff/Petitioner

Case Number: _____

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

Name of Defendant/Respondent

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.

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		\$ _____

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.

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:

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:

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 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:

Pinal County Justice Courts, State of Arizona

AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES	
Case Number: _____	
Plaintiff(s) _____ Name / Address / Phone	Defendant(s) _____ Name / Address / Phone

STATE OF ARIZONA)
COUNTY OF PINAL) **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 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 as: _____
