

# APPLYING FOR FEE WAIVER AND DEFERRAL IS A 2-STEP PROCESS

A “**waiver**” means no payments

A “**deferral**” means a payment plan or payments are postponed

## STEP 1



Apply for a fee waiver or deferral

When your case ends and there is a final order/decreed/judgment, you will receive a Notice with the amount and date due

Fees are due 30 days after final order/decreed/judgment is issued in your case, **UNLESS** you complete STEP 2

## STEP 2

Submit a Supplemental Application if your financial situation has not changed and fees may be waived  
or

Establish a payment plan and make timely payments

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing  Self or  Lawyer for \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

\_\_\_\_\_ **COURT OF ARIZONA**  
**IN** \_\_\_\_\_ **COUNTY**

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

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

-vs-

**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 course of this court action.
- You must attach the **required proof** when filing your Application. If you do not attach the required proof, you **must** complete the financial questionnaire in section 5.
- In the Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

**1. What kind of case do you have?**

- A.  Child Support or Family Law  
B.  Eviction  
C.  Civil or Tax (e.g., Credit Cards, Garnishment, Name Change)  
D.  Injunction Against Harassment  
E.  Probate or Juvenile  
F.  Unsure

**2. FOR PROBATE CASES ONLY: My interest in the case is: (check one box)**

- A.  I would like to be appointed as guardian for a minor  
B.  I would like to be appointed as guardian and conservator for a minor  
C.  I would like to be appointed as guardian and conservator for an adult  
D.  I would like to be appointed as a personal representative for an estate  
E.  I am a creditor filing a demand for notice  
F.  Other (describe): \_\_\_\_\_

**3. I cannot pay the following fees and costs in my case:**

- Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program for divorce and legal separation cases required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, fees for obtaining one certified copy of a temporary order in a family court 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 for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

**\*NOTE:** To defer or waive fees for service of process or for service by publication, you must also complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

**4. I am requesting a deferral or waiver of fees and costs in my case because:**

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

I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 5.)

*\*Supplemental Security Income (SSI) is **NOT** the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)*

**OR**

- B.  I receive government assistance from the state or federal program marked below:

- Temporary Assistance to Needy Families (TANF)
- Food Stamps

I have attached the required **proof** that I participate in a **government assistance** program. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.



(If you have attached proof, you do not need to complete the financial questionnaire in section 5.)

**OR**

C.  I receive legal assistance from a non-profit legal aid program.

I have attached the required **proof** that I receive legal assistance from a **non-profit legal aid program**. The proof shows my name as the recipient and the name of the legal aid provider that provides the assistance.



(If you have attached proof, you do not need to complete the financial questionnaire in section 5.)

**OR**

D.  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 your spouse or domestic partner’s income if available to you.) *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

**OR**

E.  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.

**OR**

F.  I do not have the money to pay court filing fees and costs now. I can pay the filing fees and costs at a later date. Explain. \_\_\_\_\_

**OR**

G.  My income is greater than 150% of the poverty level, but I 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. *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

**DESCRIPTION OF EXTRAORDINARY EXPENSES**

**AMOUNT**

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

H. **POVERTY LEVELS CHART.** The chart below lists the gross monthly income levels at 150% of the current federal poverty levels based on **household size**. Household size is the number of related individuals living in your home, including yourself, that you support financially. Use the chart to determine the poverty levels based on your household size and whether your gross monthly income is less than, or more than, 150% of the poverty levels.

(AS OF JANUARY 12, 2022)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	\$1,699	5	\$4,059
2	\$2,289	6	\$4,649
3	\$2,879	7	\$5,239
4	\$3,469	8*	\$5,829

5. **FINANCIAL QUESTIONNAIRE**

**You must complete the financial questionnaire unless you have attached the proof required in section 4(A) for SSI, 4(B) for government assistance, or 4(C) for non-profit legal aid program.**

A. How many people, including yourself, do you support financially (including those you pay child support or spousal maintenance for)? \_\_\_\_\_

List relationship of those you support and check those living with you:

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

B. Do you have a job? [ ] Yes [ ] No

Employer name: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

C. What is your approximate **gross monthly income (total income before deductions)**? \$ \_\_\_\_\_

D. What is your approximate **monthly take home pay (total income after deductions)**? \$ \_\_\_\_\_

E. Do you have income from the following sources?

social security                     
  disability                     
  veteran’s benefits  
 unemployment benefits             
  spousal or child support  
 investments                             
  other: \_\_\_\_\_

- What is your approximate **total gross monthly income** from these sources? \$ \_\_\_\_\_
- What is your **spouse or domestic partner’s approximate total gross monthly income** from all sources readily available to you? \$ \_\_\_\_\_

F. What is the approximate **total balance of bank and credit union accounts** accessible without financial penalty? \$ \_\_\_\_\_

G. What are your **average total monthly expenses**, including rent/mortgage, utilities, vehicle/transportation, credit cards, insurance, medical/dental, child support, childcare, spousal maintenance, tuition, or other expenses? \$ \_\_\_\_\_

**CONSENT TO ENTRY OF JUDGMENT**

**By signing this Application, I agree that a consent judgment may be entered against me for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless I establish a payment plan and make timely payments, or I submit a Supplemental Application and the court has not made a ruling on it.**

\_\_\_\_\_ (Applicant’s initials)

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

**NOTE:** 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.

If you are asking for deferral or waiver for service of process costs, or service by publication costs, you must complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

**OATH OR AFFIRMATION FOR APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND COSTS**

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

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing  Self or  Lawyer for \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

\_\_\_\_\_ **COURT OF ARIZONA**  
**IN** \_\_\_\_\_ **COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff  
-vs-  
\_\_\_\_\_  
Name of Respondent/Defendant

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

**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):

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

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

**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 as:

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

as of \_\_\_\_\_.  
[insert date]



Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing  Self or  Lawyer for \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

\_\_\_\_\_ **COURT OF ARIZONA**  
**IN** \_\_\_\_\_ **COUNTY**

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

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

-vs-

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

**ORDER REGARDING DEFERRAL  
OR WAIVER OF COURT FEES AND  
COSTS**

**THE COURT FINDS** that the applicant or estate/ward/protected person,  
\_\_\_\_\_ (print name):

- 1.  IS NOT ELIGIBLE FOR A DEFERRAL or FOR A WAIVER 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.
  - At the court's discretion (A.R.S. § 12-302(L)).
  - Good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

**OR**

- 3.  IS ELIGIBLE FOR A WAIVER of fees and costs based on:
  - Applicant is permanently unable to pay.
  - At the court's discretion (A.R.S. § 12-302(L)).

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

**IT IS ORDERED:**

**WAIVER IS DENIED** for the following reasons:

- This is a class action. (A.R.S. § 12-302(K))
- The applicant is an ADOC inmate awaiting transportation to ADOC facilities or a non-ADOC inmate, and this is not a domestic relations action. (A.R.S. § 12-302(K))
- The applicant was previously declared a vexatious litigant by any court, and this is not a domestic relations case. (A.R.S. § 12-302(K))
- The applicant is not permanently unable to pay or the applicant has not established a receipt of benefits from the Supplemental Security Income (SSI) program. (ACJA § 5-206(F))

**WAIVER IS GRANTED** for the following 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, the cost of attendance at an educational program required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, and fees for obtaining one certified copy of a temporary order in a family court 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 for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

**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:

- The applicant did not provide proof that they are receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps;
- The applicant did not provide documentation that they are currently receiving services from a non-profit legal aid program;

The applicant did not provide documentation that their income is insufficient or barely sufficient to meet the daily essentials of life and includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court;

Other reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant is an incarcerated felon, and this is not a domestic relations action. (A.R.S. § 12-302(E))

**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 or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, and fees for obtaining one certified copy of a temporary order in a family court 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 for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

**IF A DEFERRAL IS GRANTED, APPLICANT MUST PAY AS FOLLOWS:**

**NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE OR AT THE CONCLUSION OF YOUR CASE.**

**PAYMENT PLAN.** The applicant must pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month etc.) until paid in full, beginning \_\_\_\_\_.

**PAYMENT DUE DATE.** The applicant must pay the service of process fee of \$\_\_\_\_\_ on or before \_\_\_\_\_.

If you do not pay the service of process fees when they are due, you will receive a **Notice of Court Fees and Costs Due**. The **Notice of Court Fees and Costs Due** will remind you that you may submit a **Supplemental Application** (Form No. AOCDGF9F) for further deferral or waiver if you believe you still cannot afford to pay your court fees. The court will review your **Supplemental Application** and decide at that time whether or not you must pay.

**RIGHT TO JUDICIAL REVIEW.** If the court denies your application or sets a payment plan for you, you may request a judicial officer to review the decision by filing a **Request and Order for Hearing** (Form No. AOCDFGF12F). You must file the request within 20 days of the day the order was mailed or delivered to you. If the court sets a payment plan for you, no payments will be due until the court reviews the request. The court will review the request as soon as reasonably possible.

**NOTICE REGARDING CONSENT JUDGMENT.** A consent judgment may be entered against you for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order UNLESS:

- A. The fees and costs are taxed to another party.
- B. You establish a payment plan and make timely payments.
- C. You file a Supplemental Application, and the court has not made a ruling on it.
- D. In response to the Supplemental Application, the court orders the fees and costs to be waived or further deferred.
- E. Within 20 days of the date the court denies the Supplemental Application,
  - o You pay the fees and costs.
  - o You 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 given by the court.

If you appeal the final order, decree, or judgment, unpaid court fees are due 30 days after the appeals process ends. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

**DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral or waiver must promptly notify the court of any change in financial circumstances during the course 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

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

**CONSENT TO ENTRY OF JUDGMENT**

**By signing this section, I agree that a consent judgment may be entered against me for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless I establish a payment plan and make timely payments, or I submit a Supplemental Application and the court has not made a ruling on it.**

\_\_\_\_\_ (Applicant’s initials)

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

**NOTE:** 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.

**OATH OR AFFIRMATION FOR CONSENT TO ENTRY OF JUDGMENT**

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

**I CERTIFY** that I mailed/delivered a copy of this document to:

Applicant  at the above address,  in court,  hand delivered,  by email

Applicant’s attorney  at the above address,  in court,  hand delivered,  by email

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Clerk

[YOUR LEGAL SERVICES HEADER]  
[ADDRESS]  
[TELEPHONE CONTACT]  
[DATE OF APPROVAL FOR SERVICES]  
[DATE]

Re: **Verification of Party's Receipt of Non-Profit Legal Services**

Dear Clerk of Court:

This letter shall confirm that [CLIENT'S NAME] is our client and is currently receiving services from our office for their [CASE TYPE]. Please accept this letter as adequate verification of our organization's services to our client.

Accordingly, we ask that you defer or waive the filing fee our client would otherwise be expected to pay in this type of case, and do so without requiring them to fill out Section 3 of the *Application for Deferral or Waiver of Court Fees or Cost and Consent to Entry of Judgment* ("Application"), the financial questionnaire, or provide any other proof of indigence.

This verification shall not act as a "Notice of Appearance" on behalf of the client, and we are not their attorney of record. Should we decide to provide direct representation to them, a Notice of Appearance reflecting that representation will be filed.

**NOTE.** This verification must be filed, along with the Application, within ninety (90) days of the above date. If the verification is filed beyond ninety (90) days, we cannot verify the client remains eligible for our services. If the person attempts to file this verification beyond ninety (90) days from the date of this letter, please refer them back to our office for a determination of their continuing eligibility for our services.

Please feel free to contact me if you have any questions or concerns.

Sincerely yours,

COMMUNITY LEGAL SERVICES  
[YOUR ORGANIZATION'S INFORMATION]

[YOUR NAME AND CONTACT INFORMATION]