

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]