



# MARICOPA COUNTY JUSTICE COURTS

How to...

# APPLY FOR A DEFERRAL OR WAIVER OF FEES



# MARICOPA COUNTY JUSTICE COURTS

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 (or small claims) case or a court document 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 still owe the balance of the fee(s) to the court. You will be given additional time to pay the balance. If you are granted a waiver you will not be required to pay the fee.

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

- ~ Filing fees or Answer fees
- ~ Constable Service fees (some restrictions apply, check with the court clerk regarding this fee)
- ~ Summons or Subpoena Issuance fees
- ~ Appeal Preparation and Filing fees
- ~ One Certified (final judgment) Copy fee

If your fees are deferred, upon final judgment in your case the court will send you a notice of fees due. You have twenty (20) days after the final judgment to pay the amount due, request additional time to pay, or to apply for a fee waiver. If no request is made within twenty (20) days, the full payment is due.

**Please PROCEED:** ~ If you believe your current financial circumstances will allow you to qualify for a fee deferral or waiver.  
~ If your case is a civil case (includes small claims, orders of protection, injunctions against harassment)

**FORMS Needed:** ~ Application for Deferral or Waiver 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

**INSTRUCTIONS:** ~ Fill out applicable Application for Deferral or Waiver and Consent to Entry of Judgment form. 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.  
~ 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 form.

**IT IS IMPORTANT THAT ALL PARTIES KEEP THE COURT APPRISED OF ANY CHANGE IN ADDRESS A NOTICE OF CHANGE OF ADDRESS** form must be filed with the court when a party changes their address.

Visit us at <http://justicecourts.maricopa.gov/> for additional filing information and online forms.

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone / Alternate Phone: (        )        -        (        )        -        \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing:  Self  Attorney for  Petitioner  Respondent  
State Bar No. (if applicable): \_\_\_\_\_



# Maricopa County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

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

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

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

### 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 4.
- In the Application, "I" and "you" refer to either the "Applicant".

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

- Eviction  Injunction Against Harassment  Juvenile  Civil  Small Claims

### 2. 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,  
 Fees for obtaining one certified copy 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.

**\*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. 8150-907).

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

- 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 4.)

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

### OR

- 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 the **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 4.)

### OR

- 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 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 4.)

OR

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 on page 2 to determine if your income is 150% or less of the poverty level.)

OR

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

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  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>	\$

**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

**4. FINANCIAL QUESTIONNAIRE**

**You must complete the financial questionnaire unless you have attached the proof required in section 3 for SSI, for government assistance, or for non-profit legal aid program.**

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:

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

Do you have a job?  Yes  No

Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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

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? \$ \_\_\_\_\_

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

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. 8150-907).

**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 the statements are true and correct. e

\_\_\_\_\_ Date                      Applicant's Signature                      Applicant's Printed Name \_\_\_\_\_

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Daytime Phone / Alternate Phone: (        )        -        (        )        -        \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Representing:  Self  Attorney for  Petitioner  Respondent  
 State Bar No. (if applicable): \_\_\_\_\_



## Maricopa County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

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

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

### APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEE FOR INJUNCTIONS AGAINST HARASSMENT AND CONSENT TO ENTRY OF JUDGMENT

**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

**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) _____	\$ _____	
<b>TOTAL MONTHLY EXPENSES</b> . . . . .		\$ _____

**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 . . . . .	\$ _____
<b>TOTAL ASSETS.</b> . . . . .	\$ _____

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

Judicial Officer, Deputy Clerk or Notary Public

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone / Alternate Phone: (        )        -        (        )        -  
Email Address: \_\_\_\_\_  
Representing:  Self  Attorney for  Petitioner  Respondent  
State Bar No. (if applicable): \_\_\_\_\_



## Maricopa County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

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

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

### 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.
- 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 4.
- In the Application, "I" and "you" refer to either the "Applicant".

#### 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 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.

#### 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: \_\_\_\_\_

Date