Pinal County Justice Courts, State of Arizona

Application for Deferral or Waiver of Service of Process Fee for Injunctions Against Harassment and Consent to Entry of Judgment

You You Atto Atto Re	ame of Person Filing Document: aur Address: aur City, State, and Zip Code: aur Telephone Number: corney Bar Number (if applicable): corney E-mail Address: appresenting Self (Without an Attorney) OR Attorney for Petitioner Respondent
 Na	Case Number:
Na	me of Defendant/Respondent
ST	TATE OF ARIZONA)
CO	DUNTY OF) ss.
I and	otice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be quired to make payments depending on your income. A Fee Waiver is usually permanent unless your ancial circumstances change during the pendency of this court action. Impreciating a deferral/waiver of the fee for service of process by a sheriff, marshal, constable or wenforcement agency. I understand that if I request deferral or waiver because I am a participant in a vernment assistance program, I am required to provide proof at the time of filing. The document(s) bmitted must show my name as the recipient of the benefit and the name of the agency awarding the nefit. Note. All other applicants must complete the financial questionnaire beginning at section 3. If u are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the ancial 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 incom	ne (if available to me):	\$
Other current monthly income, inc	cluding spousal maintenance/s	upport, retirement, rental,
interest, pensions, and lottery win	nings:	\$
TOTAL MONTHLY INCOME		\$
MONTHLY EXPENSES AND DEBTS: My monthly	y 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	<u> </u>	
Nursing care Tuition	\$	
Child support	Φ	
Child support Child care	Ψ ¢	
Spousal maintenance	Ψ	
Car insurance	\$	
Transportation	\$	
Other expenses (explain)	\$	
TOTAL MONTHLY EXPENSES		\$
STATEMENT OF ASSETS: List only those assets	available to you and accessibl	e 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.) 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** 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

My Commission Expires/Seal:

Date

Judicial Officer, Deputy Clerk or Notary Public