

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Day/Evening Phone Number(s): _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: Self, Without a Lawyer OR
 Attorney for: Petitioner Respondent

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

CONFIDENTIAL PERSONAL FINANCIAL AFFIDAVIT

State of Arizona)
)
 County of Mohave) **ss.**

I, _____, am an applicant for **DEFERRAL OR WAIVER OF COURT FEES AND COSTS, PURSUANT TO A.R.S. § 12-302**. The Application for Deferral or Waiver of Court Fees and Costs requires a Consent to Entry of Judgment. By signing the Consent, I have agreed that a judgment may be entered against me for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. I understand that collection efforts include referring the judgment to a collection program (A.R.S. § 12-116.03), entry into a tax intercept program (A.R.S. § 41-1122(b)) and reporting of the debt to credit bureaus (A.R.S. § 12-288) which require the use of my social security number. I understand that the information provided is collected for administrative purposes and shall be maintained as confidential information under Rule 123, Rules of the Supreme Court, unless needed to enforce the consent judgment as specified above. Therefore,

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

I hereby verify that my social security number is _____ - ____ - _____
 OR

I hereby verify that I do not possess a valid Social Security Number.

Date of Birth: _____

Email Address: _____

Signature: _____

Applicant's Printed Name: _____

Sworn to or Affirmed before me this _____ day of _____, 20_____.

 My Commission Expires/Seal:

 Judicial Officer, Deputy Clerk or Notary Public