

**MOHAVE COUNTY JUSTICE COURTS, STATE OF ARIZONA
SELECT A COURT FROM THE DROP DOWN MENU**

Name of Petitioner/Plaintiff.

Case Number: _____

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

Name of Respondent/Defendant.

STATE OF ARIZONA)
COUNTY OF MOHAVE) **ss.**

IMPORTANT

This ***“Application for Deferral or Waiver of Court Fees and/or Costs”*** 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 step you must take to avoid a judgment against you if you are still unable to pay. Additional details about this process are discussed in the ***“Consent to Entry of Judgment”*** section of this application.

STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

I am requesting a deferral/waiver of the fee for service of process by a sheriff, marshal, constable or law enforcement agency.

The basis for the request is:

1. x **DEFERRAL:**

A. x I receive governmental assistance from the state/federal program(s) marked below:
x Temporary Assistance to Needy Families (TANF)
x Food Stamps (Renamed Supplemental Nutrition Assistance Program or SNAP).

OR

B. x 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.

NOTE: To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. If your income is greater than 150% of the poverty level, but you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

OR

C. x 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.** _____

2. x **WAIVER:**
- A. x I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.
- B. x I receive government assistance from the federal program Supplemental Security Income (SSI).

NOTE: Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire (below). If you submit the Application and Financial Questionnaire in person, you **MUST** sign it in front of the court clerk; if you submit the form by mail or by a third party, you **MUST** sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

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

ASSISTANCE: I receive assistance from:

- x Arizona Health Care Cost Containment System (AHCCCS)
- x Arizona Long Term Care System (ALTCS)
- x Other (explain): _____

MONTHLY INCOME: My monthly income is:

Monthly gross income: \$ _____

Employer name: _____

Employer address: _____

Employed since (month/year): _____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source): \$ _____

My spouse's monthly gross income (if available to me): \$ _____

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	\$ _____	\$ _____
Food/Household supplies	\$ _____	

Utilities/Telephone	\$ _____
Clothing	\$ _____
Medical/Dental/Drugs	\$ _____
Health Insurance	\$ _____
Nursing care	\$ _____
Laundry	\$ _____
Child Support	\$ _____
Child Care	\$ _____
Spousal Maintenance	\$ _____
Car Insurance	\$ _____
Gasoline/Bus Fare	\$ _____
Contributions to Employer or Other Retirement Account	\$ _____

TOTAL MONTHLY INCOME \$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty. Equity is defined as market value minus any liens or loans.

	ESTIMATED VALUE
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
4. Other, including stocks, bonds, etc.	\$ _____
5. Retirement accounts	\$ _____

TOTAL ASSETS \$ _____

EXTRAORDINARY EXPENSES: For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXTRAORDINARY EXPENSES \$ _____

Note: If you receive a deferral and have unpaid fees at the end of your case you will receive a Notice of Court Fees and Costs Due. This is to remind you that you may submit a supplemental application for further deferral or waiver if you believe you need more time to pay or cannot afford to pay your court fees and costs. The court will decide at that time whether or not you must pay. If you do not file a supplemental application, the original deferral order remains in effect and a consent judgment may be entered against you if you do not pay within thirty calendar days after entry of final judgment.

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 and/or costs that are deferred but remain unpaid after thirty (30) calendar days after entry of final judgment. Judgment may be entered against me unless any one of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I file a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, I either:
 - 1. Pay the fees and/or costs; or,
 - 2. Request a hearing on the court's order denying waiver or further deferral. If I 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 prescribed by the court.

OATH OR AFFIRMATION

The contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

Date Signed or Affirmed

Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal: