Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	
Representing [ ] Self or [ ] Lawyer for	
Lawyer's Bar Number:	
	URT OF ARIZONA
MOHAV	E COUNTY
	Case Number:
Name of Petitioner/Plaintiff	
	SIMPLIFIED APPLICATION FOR
-VS-	DEFERRAL OR WAIVER OF
	COURT FEES OR COSTS AND
Name of Respondent/Defendant	CONSENT TO ENTRY OF
	JUDGMENT
NO	OTICE
	conement of the payment of the fees due. You may be
A Fee Waiver is usually permanent uncourse of this court action.	less your financial circumstances change during the
In the Application, "I" and "you" refer to probate) or the "Estate/Ward/Protected P	o either the "Applicant" (in all case types, except for erson" (in probate cases).
1. I cannot pay the <b>following fees and costs</b> in	my case:
attendance at an educational program for § 25-352, court accountant fees and costs one certified copy of letters of temporary	ce of either a summons or subpoena, the cost of divorce and legal separation cases required by A.R.S. s, court investigator fees and costs, fees for obtaining or permanent appointment, fees for obtaining one family court case or a final order, judgment, or decree
[ ] Fees for service of process by a sheriff, r	marshal, constable, or law enforcement agency.*
[ ] Fees for service by publication.*	
[ ] Filing fees and photocopy fees for the pr	eparation of the record on appeal.
[ ] Court reporter or transcriber fees for the	preparation of court transcripts, if the court reporter or
transcriber is employed by the court.	

*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 3F).
2. I am requesting a deferral or waiver of fees and costs in my case <u>because</u> :
A. [ ] I receive government assistance from the federal Supplemental Security Income (SSI) program.*
[ ] I have attached the required <b>proof</b> that I participate in the <b>Supplemental Security</b> Income program. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.
*Supplemental Security Income (SSI) is <b>NOT</b> the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)
OR
B. [ ] 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 <b>proof</b> that I participate in a <b>government assistance</b>

Case Number:

## CONSENT TO ENTRY OF JUDGMENT

agency that provides the benefit.

program. The proof shows my name as the benefit's recipient and the name of the

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.

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) <u>how much is</u> 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 <u>service of process costs</u>, or <u>service by publication costs</u>, you must complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form 3F).

OATH OR AFFIRMATION FOR SIMPLIFIED APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND COSTS	
I declare under penalty of perjury that I and belief these statements are true and	have read the above statements and to the best of my knowledge correct.
Date	Applicant's Signature

Applicant's Printed Name

Case Number: