



Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without an Attorney) OR
 Attorney for Petitioner OR Respondent

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA COUNTY**

 Name of Petitioner/Plaintiff

Case Number: _____

**AFFIDAVIT SUPPORTING DEFERRAL OR
 WAIVER OF SERVICE COSTS**

 Name of Respondent/Defendant

STATE OF ARIZONA)
 COUNTY OF MARICOPA) ^{ss}

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 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 and complete any that apply):
 - 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 or order of protection 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
_____	_____
_____	_____
_____	_____

SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: _____ Signature: _____

Print Your Name: _____

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, as of (date) _____, the last known address of the person to be served was: _____.

(Street Address, City and State)