

GUARDIANSHIP OF A MINOR

1

Waiver or Deferral of Court Filing Fees/Costs

(at the Beginning of the Case)

SELF-SERVICE CENTER

DEFERRAL OF COURT FEES AND COSTS

CHECKLIST

You may use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to file court papers to have a guardian appointed, OR
- ✓ You want to file court papers to object to a petition to have a guardian appointed, OR
- ✓ You want to file other court papers which require the payment of fees or court costs that you cannot afford to pay at the time of filing, **AND**
- ✓ You want to ask the Court to allow you to delay payment or to waive the fees and costs completely.
- ✓ You understand that effective February 1, 2009, *if your request for deferral is granted*; a charge will be added to your deferred fees.

If you are not sure that these forms and instructions apply to your situation, see a lawyer for help.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

REQUEST FOR DEFERRAL OF FEES AND COSTS

This packet contains court forms and instructions to file request for deferral of fees and costs. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	JGW1k	Checklist for deferral of court fees and costs	1
2	JGW1t	Table of Contents (this page)	1
3	GNF10f	“Deferred Fee Application Information”	1
4	JGW11f	“Application for Deferral of Court Fees and Costs”	4
5	JGW18f	“Order Deferring/Waiving Court Fees and Costs”	3
6	GNF21f	“Affidavit in Support of Application for Deferral or Waiver of Service of Process Costs”	2

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

CASE NUMBER: _____

Plaintiff/Petitioner _____

DATE: _____

Defendant/Respondent _____

APPLICANT

Complete all information in this section.

DEFERRED FEE APPLICATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

SSN: _____ ZIP CODE: _____

PHONE(H): () _____ PHONE (W): () _____

DO YOU HAVE AN ATTORNEY? YES NO PHONE (Cell): () _____

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).

FINANCIAL STATUS OF A DEFERRED FEE

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ _____

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ _____

BALANCE: \$ _____

Special Commissioner

Complete all information for each deferred fee in this section.

Special Commissioner

Complete this section if a payment plan is set up.

Cross out if deferred until further notice.

BALANCE OF DEFERRED FEE(S) DUE ON _____ DAY OF _____, 20____

I (APPLICANT) SHALL MAKE (WEEKLY MONTHLY) PAYMENTS OF \$ _____

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

Applicant:

APPLICANT SIGNATURE: _____

Special Commissioner

Check why deferred until further notice.

(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).

ASSISTANCE RECEIVED/ INCOME INFORMATION

TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)

SSI

FOOD STAMPS

< 150%

COMMUNITY LEGAL SERVICES

Applicant:

APPLICANT SIGNATURE: _____

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

Case Number: J

(or) Name of Petitioner/Plaintiff

APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND/OR COSTS AND CONSENT TO ENTRY OF JUDGMENT

Name of Respondent/Defendant

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

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, court accountant fees and costs, court investigator fees and costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. My interest in this case is (check on box):

- Petitioner for Appointment of a Guardian of a Minor
 Other (describe): _____

2. [] **DEFERRAL:** I or the Estate/Ward/Protected Person 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

3. **WAIVER:**

I or the Estate/Ward/Protected Person receive government assistance from the federal Supplemental Security Income (SSI) program.

FINANCIAL QUESTIONNAIRE

STATEMENT OF INCOME AND EXPENSES:

SUPPORT RESPONSIBILITIES: List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP

EMPLOYER INFORMATION

Employer name: _____

Employer phone number: _____

I am unemployed (explain): _____

My prior year's gross income: \$ _____

MONTHLY INCOME INFORMATION

Monthly Gross Income: (full amount of wages/salary before any deductions) \$

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: (Add amounts from these lines.) \$

My monthly expenses and debts are:

	A MONTHLY PAYMENTS	B LOAN BALANCES
Rent/Mortgage payment	\$	\$
Car Payment	\$	\$
Credit Card Payments	\$	\$
Other Financing Obligations with Monthly Payments:		
Describe:	\$	\$
Describe:	\$	\$
TOTAL OF LOAN BALANCES: (Add column B)		\$
Food/Household supplies	\$	
Clothing	\$	
Utilities (Electric, Gas, Water, Telephone)	\$	
Medical / Dental/ Prescription Expenses	\$	
Health Insurance	\$	
Car Insurance	\$	
Gasoline/Bus Fare	\$	
Spousal Maintenance (alimony paid by you)	\$	
Child Support	\$	
Child Care	\$	
Nursing care	\$	
Other	\$	
Other	\$	
TOTAL MONTHLY PAYMENTS: (Add column A, starting from "Rent/Mortgage")		\$

STATEMENT OF ASSETS: List those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and Bank Accounts	\$
Credit Union Accounts	\$
Other liquid assests	\$
TOTAL ASSETS: (Add)	
	\$

The basis for the request is:

4. **DEFERRAL:**

A. My or the Estate/Ward/Protected Person's 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.)

OR

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	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
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 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. Addition details about this process are discussed in the ***“Consent to Entry of Judgment”*** Section of this Application.

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

Date

Judicial Officer, Deputy Clerk or Notary Public

My Commission Expires/Seal:



FOR CLERK'S USE ONLY

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Case Number JG _____
Name of Petitioner/Plaintiff _____

Name of Respondent/Defendant _____

- ORDER**
- DEFERRING COURT FEES AND/OR COSTS (ODC)**
 - ORDER WAIVING COURT FEES AND/OR COSTS (OWC)**
 - ORDER DENYING DEFERRAL/ WAIVER OF COURT FEES AND COSTS (ODD) AND CONSENT TO ENTRY OF JUDGMENT**

NOTE: ONLY FILL OUT THE ABOVE INFORMATION. THE COURT WILL FILL OUT THE REST OF THE FORM.

THE COURT FINDS that the applicant (print name): _____:

- 1. **IS NOT ELIGIBLE FOR A DEFERRAL** of fees and/or costs.
OR
- 2. **IS ELIGIBLE FOR A DEFERRAL** based on financial eligibility for a deferral of fees and costs. As required by state law, the applicant has signed a consent to entry of judgment.
OR
- 3. **IS ELIGIBLE FOR DEFERRAL** of fees and/or costs on good cause shown.
OR
- 4. **IS ELIGIBLE FOR WAIVER** of fees and/or costs at the courts discretion (A.R.S. § 12-302(M)).

IT IS ORDERED:

1. **DEFERRAL DENIED** for the following reason(s):

The application is incomplete because _____

You are encouraged to submit a complete application before a consent judgment is entered against you.

The applicant does not meet the financial criteria for fee deferral because _____

A deferral MUST BE granted if the applicant is receiving public assistance benefits or has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and/or costs necessary to gain access to the court or if the applicant demonstrates other good cause.

This is a class action.

The applicant is an incarcerated felon and this is not a domestic relations action.

2. **DEFERRAL GRANTED** for the following fees and/or costs in this court:

Any or all filing fees, fees for the issuance of summonses and subpoenas, fees for obtaining one certified copy of a temporary order in a domestic relations case, or a final order, judgment or decree in all civil proceedings, child support payment history report or fees for attending Domestic Relations Education on Children's Issues Program pursuant to A.R.S. § 25-355.

Fees for service of process by a sheriff, marshal, constable or local law enforcement agency

Fees for service by publication

Filing fees and photocopy fees for the preparation of the record on appeal

Court reporter's fees of reporters or transcribers employed by the court for the preparation of the transcript.

Court accountant fees and costs.

Court investigator fees and costs.

IF A DEFERRAL IS GRANTED, PLEASE CHECK ONE OF THE FOLLOWING BOXES.

NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE (Only applies to Finding #2 or #3).

SCHEDULE OF PAYMENTS (Only applies to Finding #3).

The applicant shall pay \$ _____ each _____ (week, month, etc.) until paid in full, beginning _____.

3. **WAIVER GRANTED** for all fees and/or costs of this case that may be waived under A.R.S. § 12-302(I).

4. **RIGHT TO JUDICIAL REVIEW.** If the application is denied or a payment schedule set by a special commissioner, you may request the decision be reviewed by a judge or judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after the judicial review. The judicial review shall be held as soon as possible.

5. **CONSENT TO ENTRY OF JUDGMENT.** In accordance with state law and procedures adopted by the Arizona Supreme Court, a consent judgment shall be entered against the applicant for all fees and costs that are deferred and not taxed to another party, but that remain unpaid after thirty (30) calendar days following the entry of final judgment unless any one of the following applies:

- A. Fees and costs are taxed to another party;
- B. A supplemental application for waiver or further deferral remains pending;
- C. The court orders that the fees and costs be waived or further deferred; or
- D. Within twenty days of the date the court denies the supplemental application, the applicant:
 - 1. Pays the fees; or,
 - 2. Requests a hearing on the court's order denying waiver or further deferral. If the applicant requests a hearing, the court shall not enter the consent judgment unless a hearing is held, waiver or further deferral is denied and payment has not been made within the time prescribed by the court.

6. **DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral shall promptly notify the court of the change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

DATED: _____

Judge/ Special Commissioner

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES

Name of Respondent/Defendant

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

NOTE: FILL OUT THIS FORM ONLY IF YOU REQUESTED DEFERRAL OR WAIVER OF SERVICE COSTS IN THE APPLICATION. YOU MUST HAVE ATTEMPTED PERSONAL SERVICE OR HAVE A VALID REASON FOR NOT DOING SO. SERVICE BY PUBLICATION IS USED AS A LAST RESORT.

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

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 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

OATH OR AFFIRMATION

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

Date: _____

Signature

Applicant's Printed 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 as: _____