

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



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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number PB _____

AFFIDAVIT SUPPORTING DEFERRAL OR WAIVER OF SERVICE COSTS

Name of protected (or deceased) person

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.

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
_____	_____
_____	_____
_____	_____

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)

SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: _____ Signature: _____

Print Your Name: _____