

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: _____