AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS COSTS	
	Case Number:
Plaintiff(s) Name / Address / Phone	Defendant(s) Name / Address / Phone
<b>STATEMENTS MADE TO THE COURT UNDER OATH.</b> 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.	
STATE OF ARIZONA ) COUNTY OF PINAL ) <sup>SS</sup>	

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

## SIGNATURE UNDER PENALTY OF PERJURY

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)