

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: \_\_\_\_\_