## (COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

| Name of Plaintiff/Petitioner.               |  |  | Case Number:  APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES FOR INJUNCTIONS AGAINST HARASSMENT AND CONSENT TO ENTRY OF JUDGMENT  |
|---|--|--|--|
| Name of                                     | f Defenda  | ant/Responder  | <del>.</del>   |
| entered a<br>judgmen<br>and Cost<br>process | against you it. If payme its Due indic are describ | for all fees that arent has been postporating what steps you ed in the Consent | IMPORTANT Entry of Judgment. By signing this Consent, you agree a judgment may be e deferred but remain unpaid thirty (30) calendar days after entry of final ned and not paid in full when due, you will receive a Notice of Court Fees u must take to avoid a judgment against you. Additional details about this o Entry of Judgment section of this Application. |
| STATE OF ARIZONA                            |  |  | )<br>、ss   |
| STATEN<br>applicatio<br>determine           | on is true a<br>ed that I did                      | ADE TO THE Condition of tell the truth   | OURT UNDER OATH. I swear or affirm that the information in this ke this statement under the penalty of prosecution for perjury if it is fee for service of process by a sheriff, marshal, constable or law enforcement   |
| The basis                                   | for the rec  | quest is:  |  |
|   | 1.   |  | d liquid assets are insufficient or barely sufficient to meet the daily<br>e and unlikely to change in the foreseeable future.   |
|   |  |  | OR   |

|                  | 2.  | DEFERRAL:  |  |
|------------------|---|--|--|
|                  | a.  | I receive governmental assistance from the state/federal program(s) checked below:  ☐ Temporary Assistance for Needy Families (TANF) ☐ Food Stamps ☐ Supplemental Security Income (SSI) ☐ General Assistance (GA)  |  |
|                  |   | be prepared to submit proof that you receive governmental assistance. If you are tting this application by mail or a third party, please attach a photocopy of that proof.  OR   |  |
|                  | b.  | My 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.  OR   |  |
|                  | c.  | I do not have the money to pay the court fees and costs now. I can pay the court fees and costs at a later date. Explain.  |  |
|                  |   | It would be useless or dangerous for me to try to obtain voluntary acceptance of service of process.   |  |
| for all fees and | l costs tl  | <b>OF JUDGMENT:</b> By signing this Application, I agree a judgment may be entered against me hat are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. red against me unless any one of the following applies:                                    |  |
| A.<br>B.<br>C.   | Fees and costs are taxed to another party; I have an established schedule of payments in effect and I am current with those payments; I file a supplemental application for waiver or further deferral of fees and costs and a decision court is pending; |  |  |
| D.               | In resp   | onse to a supplemental application, the court orders that the fees and costs be waived or deferred; or   |  |
| E.               |   | twenty days of the date the court denies the supplemental application, I either:  Pay the fees and costs; or,  |  |
|                  | 2.  | Request a hearing on the court's order denying further deferral or waiver. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court. |  |
|                  | Δ   | ACKNOWLEDGMENT AND SIGNATURE UNDER OATH  |  |
| Todav's Date:    |   | Signature:   |  |
|                  |   | Print Your Name:   |  |
|                  |   | Time rour Name.  |  |
| SUBSCRIBED       | AND SV  | VORN or affirmed and acknowledged before me on (date)  |  |
| by               |   |  |  |
| My Commission    | n expires   | Judicial Officer, Clerk or Notary Public   |  |
|                  |   |  |  |

2003simappl.wpd Revised 11/19/03