DEFERRAL OR WAIVER OF FEES AND COSTS

Packet #12

These forms must not be used to engage in the unauthorized practice of law. The court is not responsible for (1) actions taken by the users of these forms or (2) their reliance upon the instructions or information provided.

Revised March 2018

GENERAL INFORMATION &
Frequently Asked Questions

What court fees and costs are charged?

There are expenses in a court case. You are charged fees when you file certain court papers, such as petitions, and when you serve the other party. To find out the exact fees and costs for your case, contact the clerk of the court at (520) 724-3200.

Who pays the court costs?

Usually the person filing documents or asking for service pays the fees and costs. Sometimes, at the end of your case, the court might other the other party to pay you back for some or all the court fees and costs.

What if I cannot pay the fees and costs?

If you cannot pay the court fees and costs, you can request a deferral or a waiver using this packet.

With a **deferral**, you will not have to pay any fees and costs at the beginning of your case, but you will be expected to pay at some time in the future. You may be able to pay in parts on a payment schedule. Not everyone who requests a deferral receives one. The court will consider you ability to pay and the urgency of your case when deciding whether to grant or deny your application.

With a **waiver**, you do not have to pay any court fees or costs. Usually the court only grants waivers at the end of a case.

If you receive a deferral at the beginning of your case, you can still ask for a waiver later.

This packet contains three forms and the instructions for completing them:

- Application for Deferral / Waiver of Court Costs / Fees
- Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees
- Order Regarding Deferral / Waiver

Do I need a lawyer's help?

There are times when more complex legal problems will come up, and you may want to get the advice of a lawyer. There are lawyers who will help you help yourself. This means that they will only charge you for giving you the help that you need: you can complete the court forms on your own or ask the lawyer for help.

For more information, call the Self-Service Center at (520) 724-8456.

This symbol is a warning. It can mean a few different things:

- The topic can be confusing and you may need to ask a lawyer for help
- You may need to make sure that something is done

Whenever you see this symbol, ***make sure*** you read the information carefully and understand it fully.

What do I do after I complete the forms?

After completing the forms using the instructions in this packet, you must file the forms with the court. The clerk of the court is located on the first floor of the Superior Court Building [110 West Congress, Tucson, AZ 85701. The office is open 8 am to 5 pm, Monday through Friday, except legal holidays]. Arrive at the court at least an hour before it closes.

The clerk will take your original forms, stamp them, and send them to a judge for review.

YOU SHOULD FILE YOUR REQUEST FOR DEFERRAL / WAIVER AT THE SAME TIME AS YOU FILE YOUR PETITION OR RESPONSE.

Instructions for Completing Application for Deferral / Waiver of Court Fees / Costs

The Caption

- **Personal information –** Write your name, street address, city, state, ZIP code, telephone number.
- **Attorney Bar Number & Attorney E-mail Address –** leave blank, since you are not represented by an attorney.
- **Representing –** Check "Self (Without an Attorney)"
- **Case No. –** Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.
- **Petitioner –** Enter the Petitioner's name.
- **Respondent –** Enter the Respondent's name.

1. DEFERRAL

If you already receive assistance from the government in the form of Temporary Assistance to Needy Families (TANF), Food Stamps, or Legal Aid Services,

- Check "DEFERRAL" **AND** the service(s) you receive
- Attach proof of assistance. The document(s) must show your name and the name of the agency.

2. WAIVER

If you already receive government assistance from the federal Supplemental Security Income (SSI) program, or Legal Aid Services

- Check "WAIVER" **AND** that you receive SSI or Legal Aid Services
- Attach proof of assistance. The document(s) must show your name and the name of the agency.

IF YOU CHECKED ANY BOXES IN PARTS 1 OR 2, you do not need to complete the Financial Questionnaire. Go directly to "OATH OR AFFIRMATION" on page 3.

3. FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES

- Write the name of each person you support and their relationship to you. This includes your children that live with you (natural or adopted), children for whom you pay child support, and people to whom you pay spousal maintenance.

STATEMENT OF INCOME AND EXPENSES

- Write the name of your employer (if you are employed)
- Write your employer's telephone number
- Check if you are unemployed
  - On the lines, explain why you are unemployed
- Write your gross income from last year (before deductions)

MONTHLY INCOME

Write

- Your total monthly gross income (before deductions)
- Your spouse's monthly gross income (before deductions), *only if you have access to it*
- Any other monthly income payments you receive, including from spousal maintenance, child support, retirement, rentals, interest, and lottery winnings.
- Add the amounts in the three lines above to determine your **Total Monthly Income**.
  - Write the amount on the line

MONTHLY EXPENSES AND DEBTS

For each item, write the amount you pay monthly and the balance of any loans. Your amounts must be accurate statements of actual expenses.

Write the amount you pay monthly for:

- Rent or mortgage payment (and any loan balance)
- Car payment (and any loan balance)
- Credit card payments (and any loan balance)
- Other payments & debts (and any loan balance)
  - Explain these payments & debts on the line at the bottom of this section. Attach an additional page if needed.
- Household expenses

- Utilities, telephone, and cable bills
- Medical, dental, and medication expenses
- Health insurance
- Nursing care
- Tuition
- Child support
- Child care
- Spousal maintenance
- Car insurance
- Transportation
- Other expenses
  - Explain these other expenses on the line. Attach an additional page if needed.

- Add the amounts in this section to determine your **Total Monthly Expenses**.
  - Write the amount on the line

STATEMENT OF ASSETS

Here you should only list assets that you have access to *without having to pay a penalty* (such as an early withdrawal fee).

Write the estimated total values for

- Cash and bank accounts
- Credit union accounts
- Other liquid assets

- Add the amounts in this section to determine your **Total Assets**.
  - Write the amount on the line

BASIS FOR THE REQUEST

Deferral

If you can't pay the court fees and costs now, but you may be able to at a later date:

- Check "DEFERRAL"

Check

- A, if your total monthly income is barely enough to pay for the daily essentials of life because it is 150% or less of the current federal poverty level.*

OR

- B, if you do not have the money to pay court fees and costs now but will later.
  - Explain your situation on the lines.

OR

- C, if your total monthly income is greater than 150% of the current federal poverty level, but you have extraordinary expenses that make your *actual* monthly income 150% or less of the poverty level.*
  - Describe these expenses and write their amounts on the lines.
  - Add the amounts in this section to determine your **Total Extraordinary Expenses.**
  - Write the amount on the line.

***To view the current federal poverty levels, visit aspe.hhs.gov/poverty/index.cfm.**

Waiver

If you are permanently unable to pay court costs and fees because your income and liquid assets are barely enough to pay for the daily essentials of life **AND** your situation is not likely to change in the foreseeable future:

- Check "WAIVER"

If your financial situation changes, you must tell the court. Even if you cannot pay now, you must pay later if you have the money to do so.

Consent to Judgment

When you sign the Application for Deferral / Waiver of Court Fees / Costs you are also **giving your consent for the court to enter a judgment against you for all the fees and costs that were deferred** (and not ordered to be paid by another party) that remain unpaid thirty (30) days after your final decree or judgment is entered.

If you are still unable to pay these fees and costs at the end of your case, see the clerk of the court for forms to a Supplemental Application for Deferral / Waiver of Court Fees / Costs. You can use these same instructions to guide you in completing the Supplemental Application.

If you have a deferral or waiver of costs and fees because you are receiving government assistance, and you are still receiving government assistance when your case is completed, you do not have to complete the Supplemental Application. There is a presumption that the court will waive your costs & fees.

OATH OR AFFIRMATION

In signing this application, you promise that everything in the form is correct.

DO NOT SIGN or date the form except in front of a notary. When you file the papers with the court, sign the form in front of the clerk. The clerk will notarize your signature for free. You must bring a valid, government-issued picture ID (such as a driver's license) so the clerk knows whose signature is being verified.

You can write your name on the line above "Applicant's Printed Name," but do not sign.

TABLE OF INCOME LEVELS OF THE CURRENT FEDERAL POVERTY LEVELS AS OF JANUARY 18, 2018 for the 48 Contiguous States and the District of Columbia
(Figures are rounded to the nearest dollar.)

Household Size (all related individuals)	Gross Monthly Income Level 150%	Gross Monthly Income Level 175%	Gross Monthly Income Level 200%	Gross Monthly Income Level 225%
1	$1,518	$1,770	$2,023	$2,276
2	$2,058	$2,400	$2,743	$3,086
3	$2,598	$3,030	$3,463	$3,896
4	$3,138	$3,660	$4,183	$4,706
5	$3,678	$4,290	$4,903	$5,516
6	$4,218	$4,920	$5,623	$6,326
7	$4,758	$5,550	$6,343	$7,136
8*	$5,298	$6,180	$7,063	$7,946

*For family units with more than 8 members, add $540 for each additional member at the 150% level, $630 at the 175%, $720 at the 200% level, and $810 at the 225% level.

2018 table - Revised March 26, 2018

ARIZONA SUPERIOR COURT, PIMA COUNTY

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Attorney E-mail Address: _____
Representing ☐ Self (Without an Attorney) OR
☐ Attorney for ☐ Petitioner ☐ Respondent

STATE OF ARIZONA)
COUNTY OF PIMA) ss.

_____
Name of Petitioner/Plaintiff

Case Number:_____

APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES OR COSTS AND CONSENT TO ENTRY OF JUDGMENT

_____
Name of Respondent/Defendant

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 am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Affidavit in Support of Application for Deferral or Waiver of Service of Process Fees form if I am asking for service of process costs, or service by publication costs), and the costs of attendance at an educational program required by A.R.S. §25-352. I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit**. Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. [ ] **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:

- [ ] Temporary Assistance to Needy Families (TANF)
- [ ] Food Stamps
- [ ] Legal Aid Services

2. [ ] **WAIVER:** I receive government assistance from the federal program marked below or am represented by a not for profit legal aid program.

- [ ] Assistance from the federal Supplemental Security Income (SSI) program
- [ ] Legal Aid Services

3. **FINANCIAL QUESTIONNAIRE**

SUPPORT RESPONSIBILITIES. List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

Employer name:_____

Employer phone number:_____

[ ] I am unemployed (explain):_____

_____

My prior year's gross income: $_____

MONTHLY INCOME

My total monthly gross income:	$_____
My spouse's monthly gross income (if available to me):	$_____
Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings:	$_____
TOTAL MONTHLY INCOME	$_____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

		PAYMENT AMOUNT	LOAN BALANCE
	Rent/Mortgage payment	$_____	$_____
	Car payment	$_____	$_____
	Credit card payments	$_____	$_____
Explain:	Other payments & debts	$_____	$_____
	Household	$_____	
	Utilities/Telephone/Cable	$ _____	
	Medical/Dental/Drugs	$_____	
	Health insurance	$_____	
	Nursing care	$_____	
	Tuition	$_____	
	Child support	$_____	
	Child care	$_____	
	Spousal maintenance	$_____	
	Car insurance	$_____	
	Transportation	$_____	
	Other expenses (explain)	$_____	

_____

TOTAL MONTHLY EXPENSES $_____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and bank accounts	$_____
Credit union accounts	$_____
Other liquid assets	$_____
TOTAL ASSETS	$_____

The basis for the request is:

4. [ ] **DEFERRAL:**

A. [ ] 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. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.)

OR

B. [ ] I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

_____

_____

OR

C. [ ] My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

DESCRIPTION OF EXPENSES	**AMOUNT**
_____	$_____
_____	$_____
_____	$_____
TOTAL EXTRAORDINARY EXPENSES	$_____

5. [ ] **WAIVER:**

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

IMPORTANT

This *"Application for Deferral or Waiver of Court Fees or Costs"* includes a *"Consent to Entry of Judgment."* By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

_____ Date

_____ Signature

_____ Applicant's Printed Name

_____ Date

_____ Judicial Officer, Deputy Clerk or Notary Public

_____ My Commission Expires/Seal:

Instructions for Completing Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees

THIS AFFIDAVIT IS REQUIRED if you are requesting a deferral or waiver of fees for service of process. You must complete this Affidavit and file it with the clerk along with your Application.

The Caption

- **Case No. –** Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.
- **Petitioner –** Enter the Petitioner's name.
- **Respondent –** Enter the Respondent's name.

THE OPTIONS FOR SERVICE OF PROCESS CAN BE COMPLICATED.

Before completing this Affidavit, see Packet #10, *Service on the Other Party*. If your case concerns paternity, see Packet #21, *Paternity – Service on the Other Party.*

Check

- **Fees for service of process** if you are requesting a deferral or waiver of process fees charged by a sheriff or other law enforcement agency**.**

  Check if (any that apply):

  - You asked the other party to voluntarily accept service, but they won't.
  - It would be either useless or dangerous for you to ask the other party to voluntarily accept service.
    - Explain the situation on the lines.
  - You have an injunction against harassment or order of protection against the other party.

OR

- **Fees for publication** if you are requesting a deferral or waiver of fees for service by publication.

This option is not available in paternity cases. Before attempting service by publication, you must have tried to locate the other party and have not been able to. For more information, see Packet #10, *Service on the Other Party*, and Packet #21, *Paternity—Service on the Other Party.*

Check if (any that apply):

- You tried to find the other party
  - Explain what you did to try to find the other party.
- You contacted people to try to find the other people
  - Write the name(s) and address(es) of the people you contacted.

OATH OR AFFIRMATION

In signing this application, you promise that everything in the form is correct.

This form does not need to be notarized.

- Write the date on the line
- Sign the form
- Write your name on the line above "Applicant's Printed Name"

INFORMATION FOR SERVICE

You must provide the information in this section!

- Write the other party's last known address and the most recent date you know that the other party lived there

ARIZONA SUPERIOR COURT, PIMA 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 PIMA) ss.

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: _____

_____

Instructions for Completing Order Regarding Deferral / Waiver of Court Fees / Costs

The Caption

- **Case No. –** Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.
- **Petitioner –** Enter the Petitioner's name.
- **Respondent –** Enter the Respondent's name.

THE COURT FINDS

- Write your name on the line as the applicant

THIS IS ALL THAT YOU COMPLETE ON THIS FORM.

THE JUDGE WILL DECIDE THE ORDER AND YOU WILL RECEIVE A COPY WHEN IT IS SIGNED.

WHEN THE FORM IS RETURNED TO YOU, READ IT CAREFULLY.

IF YOUR REQUEST WAS DENIED, YOU MAY BE ABLE TO RESUBMIT YOUR APPLICATION.

IF YOU ARE ORDERED TO PAY FEES OR COSTS, YOU MUST MAKE PAYMENT WITHIN THIRTY (30) DAYS.

ARIZONA SUPERIOR COURT, PIMA COUNTY

_____ **Case Number:**_____

Name of Petitioner/Plaintiff

ORDER REGARDING DEFERRAL OR WAIVER OF COURT FEES AND COSTS AND NOTICE REGARDING CONSENT JUDGMENT

_____

Name of Respondent/Defendant

THE COURT FINDS that the applicant (print name)_____:

1. [ ] IS NOT ELIGIBLE FOR A DEFERRAL of fees and costs.

OR

2. [ ] IS ELIGIBLE FOR A DEFERRAL of fees and costs based on financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.

OR

3. [ ] IS ELIGIBLE FOR A DEFERRAL of fees and costs at the court's discretion (A.R.S. § 12-302(L)).

OR

4. [ ] IS ELIGIBLE FOR A DEFERRAL of fees and costs based on good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.

OR

5. [ ] IS ELIGIBLE FOR A WAIVER of fees and costs because the applicant is permanently unable to pay. **OR**
6. [ ] IS ELIGIBLE FOR A WAIVER of fees and costs at the court's discretion (A.R.S. § 12-302(L)).

OR

7. [ ] IS NOT ELIGIBLE FOR A WAIVER of fees and costs.

IT IS ORDERED:

[ ] **DEFERRAL IS DENIED** for the following reason(s):

[ ] The application is incomplete because _____
You are encouraged to submit a complete application.

[ ] The applicant does not meet the financial criteria for deferral because _____

_____

A deferral MUST BE granted if the applicant is receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps; has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court; or, if the applicant demonstrates other good cause.

[ ] **DEFERRAL IS GRANTED** for the following fees and costs in this court:

[ ] Any or all filing fees; fees for the issuance of either a summons and subpoena; or fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings and the cost of attendance at an educational program required by A.R.S. §25-352.
[ ] Fees for service of process by a sheriff, marshal, constable or law enforcement agency.
[ ] Fees for service by publication.
[ ] Filing fees and photocopy fees for the preparation of the record on appeal.
[ ] Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

IF A DEFERRAL IS GRANTED, PLEASE CHECK ONE OF THE FOLLOWING BOXES:

[ ] **NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE.**

[ ] **SCHEDULE OF PAYMENTS.**

The applicant shall pay $_____ each _____ (week, month etc.), one half to the clerk's office and one half to the Sheriff's Department until paid in full, beginning _____ .

[ ] **WAIVER IS DENIED** for all fees and costs in this case.

[ ] **WAIVER IS GRANTED** for all fees and costs in this case that may be waived under A.R.S. § 12-302(H).

- [ ] Any or all filing fees; fees for the issuance of either a summons or subpoena; or fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings and the cost of attendance at an educational program required by A.R.S. §25-352.
- [ ] Fees for service of process by a sheriff, marshal, constable or law enforcement agency.
- [ ] Fees for service by publication.
- [ ] Filing fees and photocopy fees for the preparation of the record on appeal.
- [ ] Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

RIGHT TO JUDICIAL REVIEW. If the application is denied or a payment schedule is set by a special commissioner, you may request the decision be reviewed by a judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after judicial review. Judicial review shall be held as soon as reasonably possible.

NOTICE REGARDING CONSENT JUDGMENT. Unless any of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

A. Fees and costs are taxed to another party;

B. The applicant has an established schedule of payments in effect and is current with those payments;

C. The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;

D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or

E. Within twenty (20) days of the date the court denies the supplemental application, the applicant either:

1. Pays the fees and costs; or,
2. Requests a hearing on the court's order denying further deferral or waiver. If the applicant requests 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.

If an appeal is taken, a consent judgment for deferred fees and costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and costs in full, the court is required to comply with the provisions of A.R.S. § 33-964(C).

DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES. An applicant who is granted a deferral or waiver shall promptly notify the court of any change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

DATED: _____ _____

[ ] Judicial Officer **[ ] Special Commissioner**

Instructions for Completing the Confidential Sensitive Data Form

The Caption

The Caption is the information in the upper left hand side of the first page of each form.

- **Personal information –** Fill in your name, street address, city, state, ZIP code, and telephone number.

If you are a domestic violence victim, do not write your address on this form. Instead, write "Protected Address" and complete the *Request for Protected Address* packet available in Law Library

- **Case No. –** Enter your Superior Court Number
- **Petitioner –** Enter the Petitioner's name, as found on the original Petition.
- **Respondent –** Enter the Respondent's name, as found on the original Petition if applicable at this time.

What is Sensitive Data?

Sensitive data, or sensitive information, is information that you might not want other people to see. Sensitive data includes your social security number, bank account number, credit card number, and other financial account numbers.

Court documents, for the most part, can be seen by anyone. If you need to include any of the information listed above on court documents, you should write "SEE CONFIDENTIAL SENSITIVE DATA FORM" on the document. Then you need to fill out the Confidential Sensitive Data Form. This is where you will include the actual sensitive information. This is important because the "Confidential Sensitive Data Form" will not be seen by the public.

Name: _____

Address: _____

City, State, ZIP: _____

Daytime Telephone No: _____

Representing Self, Without a Lawyer

ARIZONA SUPERIOR COURT, PIMA COUNTY

_____
Petitioner

and

_____
Respondent

Case No. _____

CONFIDENTIAL SENSITIVE DATA FORM

A. Personal Information:

Name	Date of Birth	Social Security Number
Petitioner: _____	_____	_____
Respondent: _____	_____	_____