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Representing ☐ Self or ☐ Lawyer for _____
Lawyer's Bar Number: _____

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DEC 16 2024
AMY J. HUNLEY
CLERK OF SUPERIOR COURT
BY: _____

SUPERIOR COURT OF ARIZONA
IN COCHISE COUNTY

Eli Dalton-Webb
Name of Petitioner/Plaintiff

-vs-

City of Sierra Vista, et al.
Name of Respondent/Defendant

Case Number: CV202400628

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

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 course of this court action.
- You must attach the **required proof** when filing your Application. If you do not attach the required proof, you **must** complete the financial questionnaire in section 3.
- In the Application, "I" and "you" refer to either the "Applicant" (in all case types, except for probate) or the "Estate/Ward/Protected Person" (in probate cases).

1. I cannot pay the <u>following fees and costs</u> in my case:

☑ Any or all filing fees, fees for the issuance of either a summons or subpoena, the cost of attendance at an educational program for divorce and legal separation cases required by A.R.S. § 25-352, court accountant fees and costs, court investigator fees and costs, fees for obtaining one certified copy of letters of temporary or permanent appointment, fees for obtaining one certified copy of a temporary order in a family court case or a final order, judgment, or decree in all civil proceedings.

☐ 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 for the preparation of court transcripts, if the court reporter or transcriber is employed by the court.

*NOTE: To defer or waive fees for service of process or for service by publication, you must also complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

2. I am requesting a deferral or waiver of fees and costs in my case because:

A. ☐ I receive government assistance from the federal Supplemental Security Income (SSI) program.*

☐ I have attached the required **proof** that I participate in the **Supplemental Security Income program**. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.

(If you have attached proof, you do not need to complete the financial questionnaire in section 3.)

Supplemental Security Income (SSI) is **NOT the same as regular retirement benefits from the Social Security Administration or Social Security Disability Insurance (SSDI)*

OR

B. ☐ I receive government assistance from the state or federal program marked below:

☐ Temporary Assistance to Needy Families (TANF)
☐ Food Stamps

☐ I have attached the required **proof** that I participate in a **government assistance** program. The proof shows my name as the benefit's recipient and the name of the agency that provides the benefit.

(If you have attached proof, you do not need to complete the financial questionnaire in section 3.)

OR

C. ☐ I receive legal assistance from a non-profit legal aid program.

☐ I have attached the required **proof** that I receive legal assistance from a **non-profit legal aid program**. The proof shows my name as the recipient and the name of the legal aid provider that provides the assistance.

(If you have attached proof, you do not need to complete the financial questionnaire in section 3.)

OR

D. ☑ 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 your

spouse or domestic partner's income if available to you.) *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

OR

E. ☐ 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.

OR

F. ☐ I do not have the money to pay court filing fees and costs now. I can pay the filing fees and costs at a later date. Explain. _____

OR

G. ☐ My income is greater than 150% of the poverty level, but I 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. *(See the Poverty Levels Chart in 4(H) to determine if your income is 150% or less of the poverty level.)*

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

H. **POVERTY LEVELS CHART.** The chart below lists the gross monthly income levels at 150% of the current federal poverty levels based on **household size.** Household size is the number of related individuals living in your home, including yourself, that you support financially. Use the chart to determine the poverty levels based on your household size and whether your gross monthly income is less than, or more than, 150% of the poverty levels.

(AS OF JANUARY 17, 2024)

Household Size (all related individuals)	Gross Monthly Income Level-150%	Household Size (all related individuals)	Gross Monthly Income Level-150%
1	$1,883	5	$4,573
2	$2,555	6	$5,245
3	$3,228	7	$5,918
4	$3,900	8*	$6,590

3. FINANCIAL QUESTIONNAIRE

You must complete the financial questionnaire unless you have attached the proof required in section 2(A) for SSI, 2(B) for government assistance, or 2(C) for non-profit legal aid program.

A. How many people, including yourself, do you support financially (including those you pay child support or spousal maintenance for)? 1

List relationship of those you support and check those living with you:

☐ _____ ☐ _____ ☐ _____ ☐ _____
☐ _____ ☐ _____ ☐ _____ ☐ _____

B. Do you have a job? ☐ Yes ☑ No
Employer name: _____
Employer phone number: _____

C. What is your approximate **gross monthly income (total income before deductions)**? $0.00

D. What is your approximate **monthly take home pay (total income after deductions)**? $0.00

E. Do you have income from the following sources?

☐ social security ☐ disability ☐ veteran's benefits
☐ unemployment benefits ☐ spousal or child support
☐ investments ☐ other: _____

- What is your approximate **total gross monthly income** from these sources? $0
- What is your **spouse or domestic partner's approximate total gross monthly income** from all sources readily available to you? $0

F. What is the approximate **total balance of bank and credit union accounts** accessible without financial penalty? $9.90

G. What are your **average total monthly expenses**, including rent/mortgage, utilities, vehicle/transportation, credit cards, insurance, medical/dental, child support, childcare, spousal maintenance, tuition, or other expenses? $750.33

Case Number: CV202400628

CONSENT TO ENTRY OF JUDGMENT

By signing this Application, I agree that a consent judgment may be entered against me for all fees or costs that are deferred but remain unpaid 30 calendar days after entry of the final judgment, decree, or order unless I establish a payment plan and make timely payments, or I submit a Supplemental Application and the court has not made a ruling on it.

You will receive a **Notice of Court Fees and Costs Due** from the court indicating (1) how much is owed and (2) what steps to take to avoid a consent judgment against you.

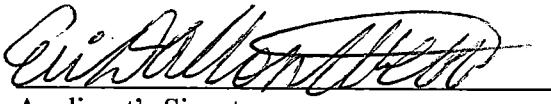
NOTE: You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

If you are asking for deferral or waiver for service of process costs, or service by publication costs, you must complete the **Affidavit in Support of Application for Deferral or Waiver of Service of Process Fee** form (Form No. AOCDFGF3F).

OATH OR AFFIRMATION FOR APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES AND COSTS

I declare under penalty of perjury that I have read the above statements and to the best of my knowledge and belief these statements are true and correct.

11 December 2024
Date


Applicant's Signature

Eli Dalton-Webb
Applicant's Printed Name