Print Form

Pinal County Justice Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>>>

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

STATEMENTS MADE TO THE COURT UNDER OATH. 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) **ss**

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**

_____

_____

_____

Print Form

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)