

21-7056

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JAN 26 2022

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH LAMONT WILSON — PETITIONER
(Your Name)

VS.

MCDO legal Reason — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

"Maricopa County Superior Court"; "U.S. District Court of Arizona";
U.S. Court of Appeals (9th Cir.) Court

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

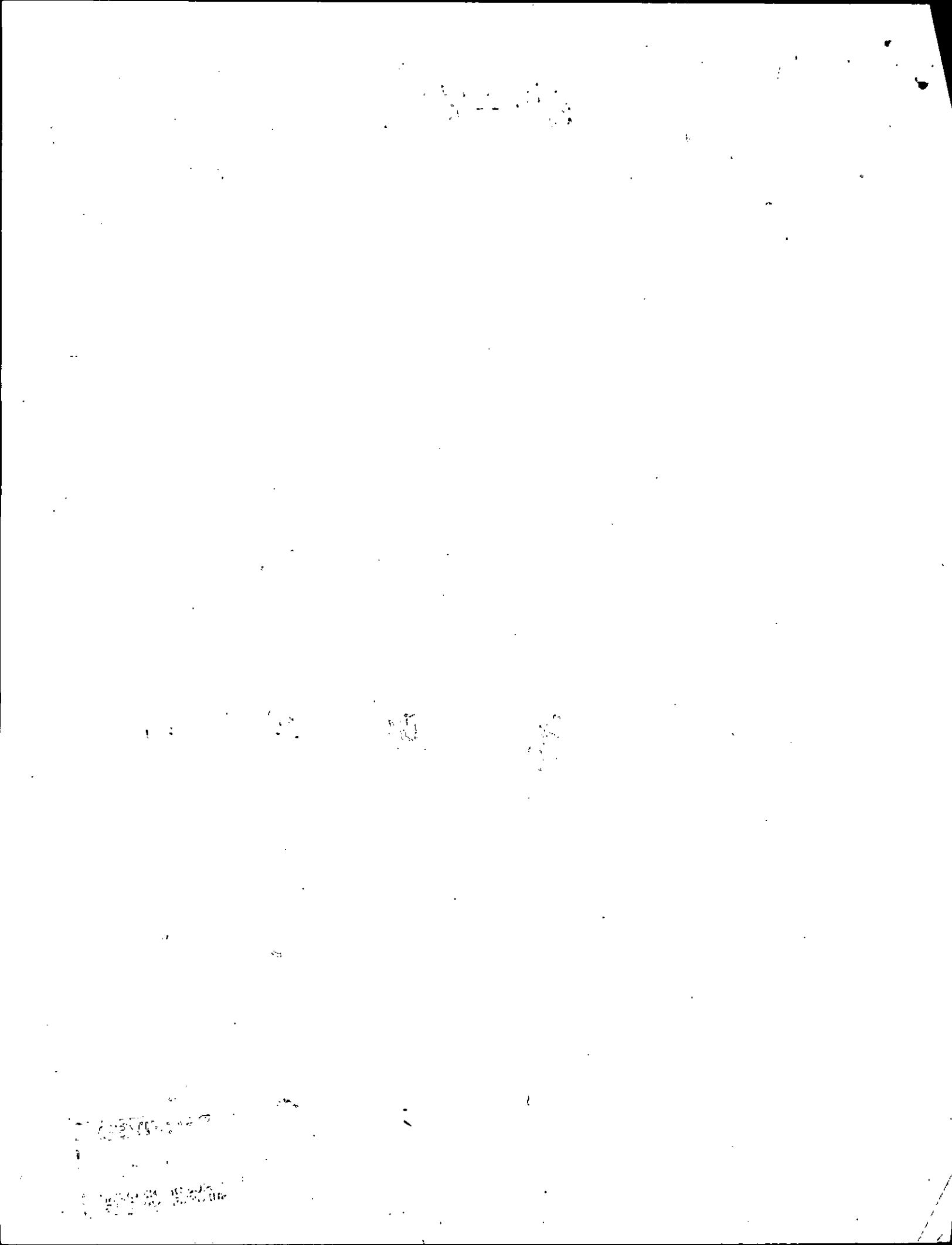
The appointment was made under the following provision of law: _____, or _____

a copy of the order of appointment is appended.

Joseph L. Wilson
(Signature) RECEIVED

FEB - 1 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

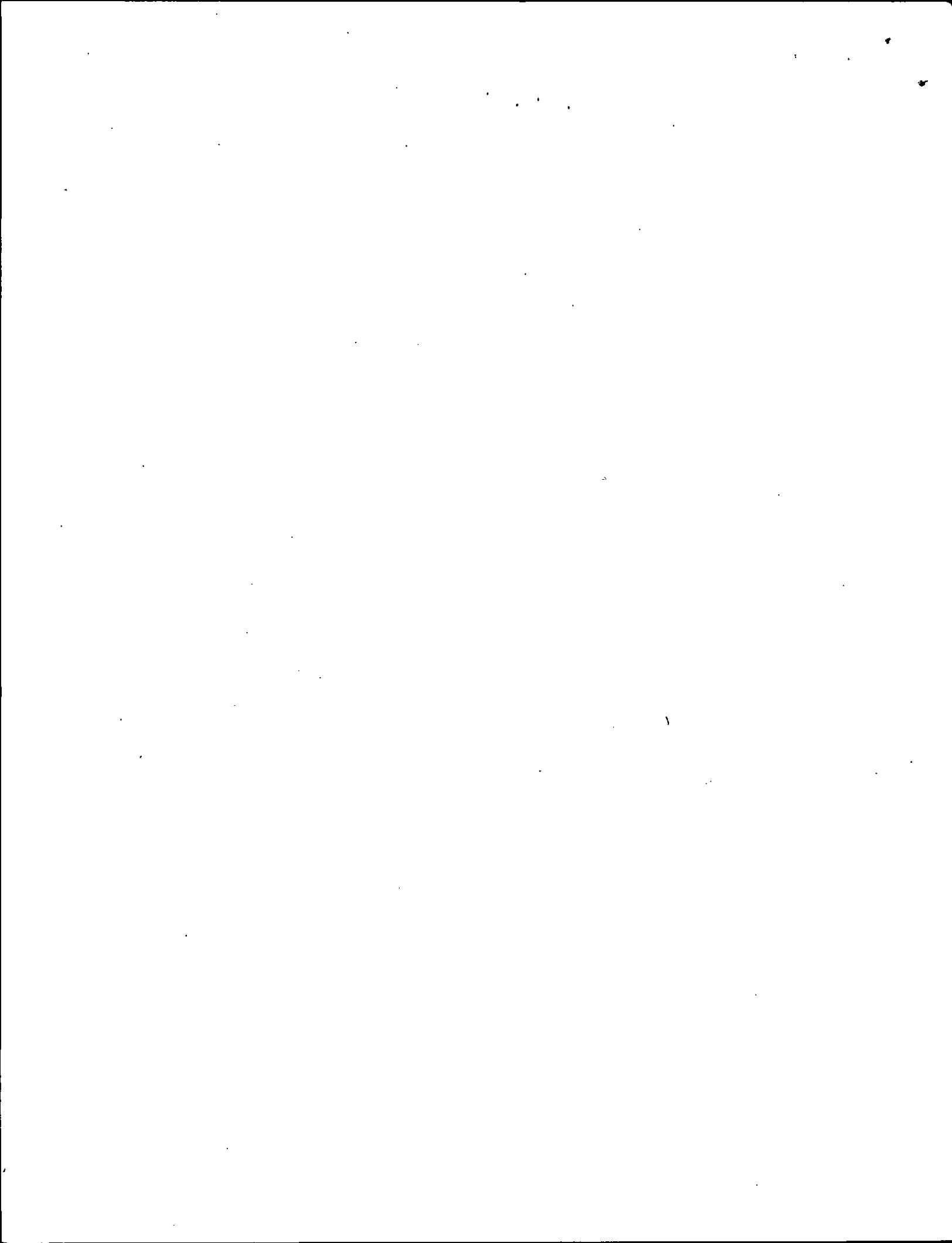


**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, TOSSED ALMON J. WILSON, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>



2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>

4. How much cash do you and your spouse have? \$ _____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

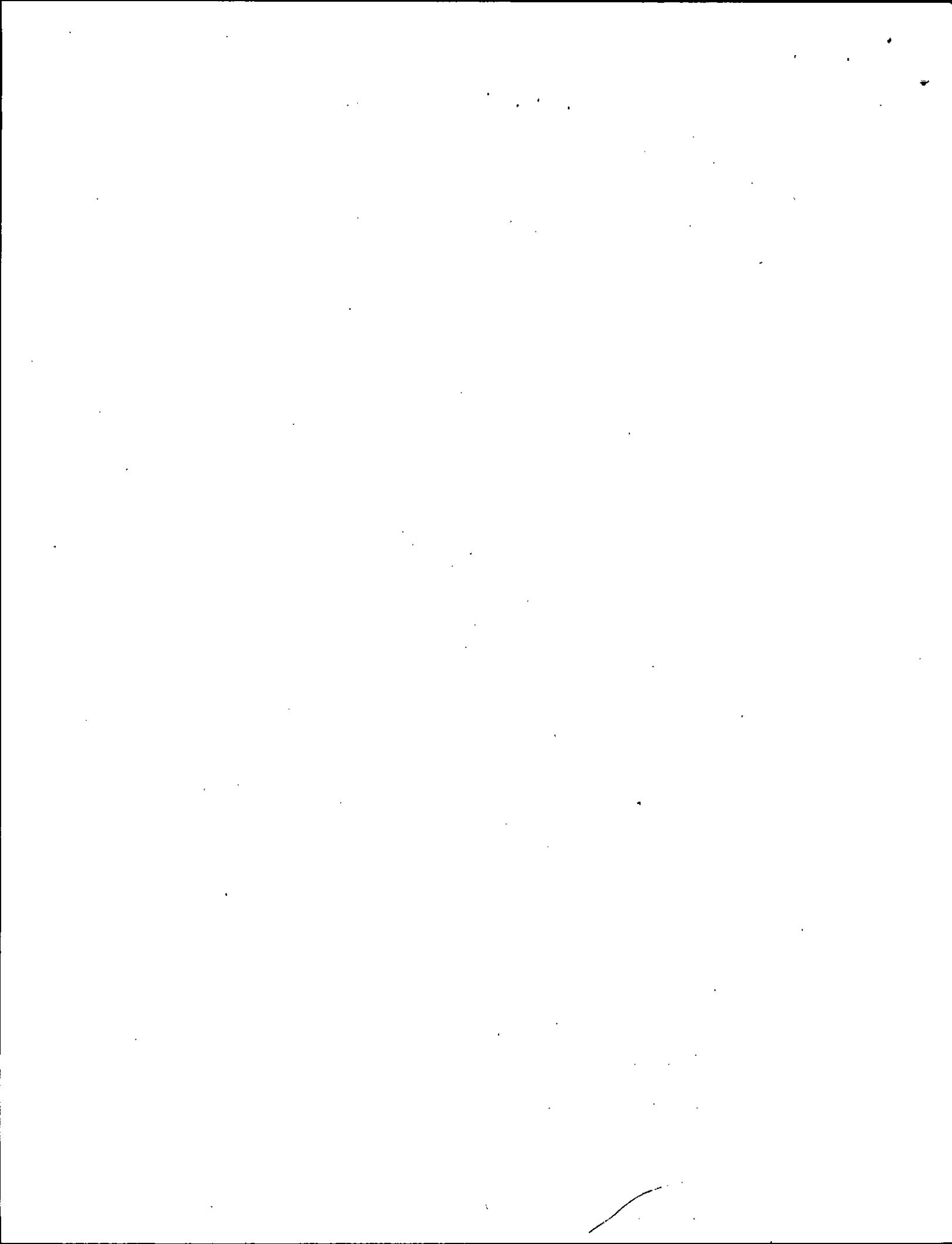
Home
Value 0

Other real estate
Value 0

Motor Vehicle #1
Year, make & model N/A
Value 0

Motor Vehicle #2
Year, make & model N/A
Value 0

Other assets
Description N/A
Value 0



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

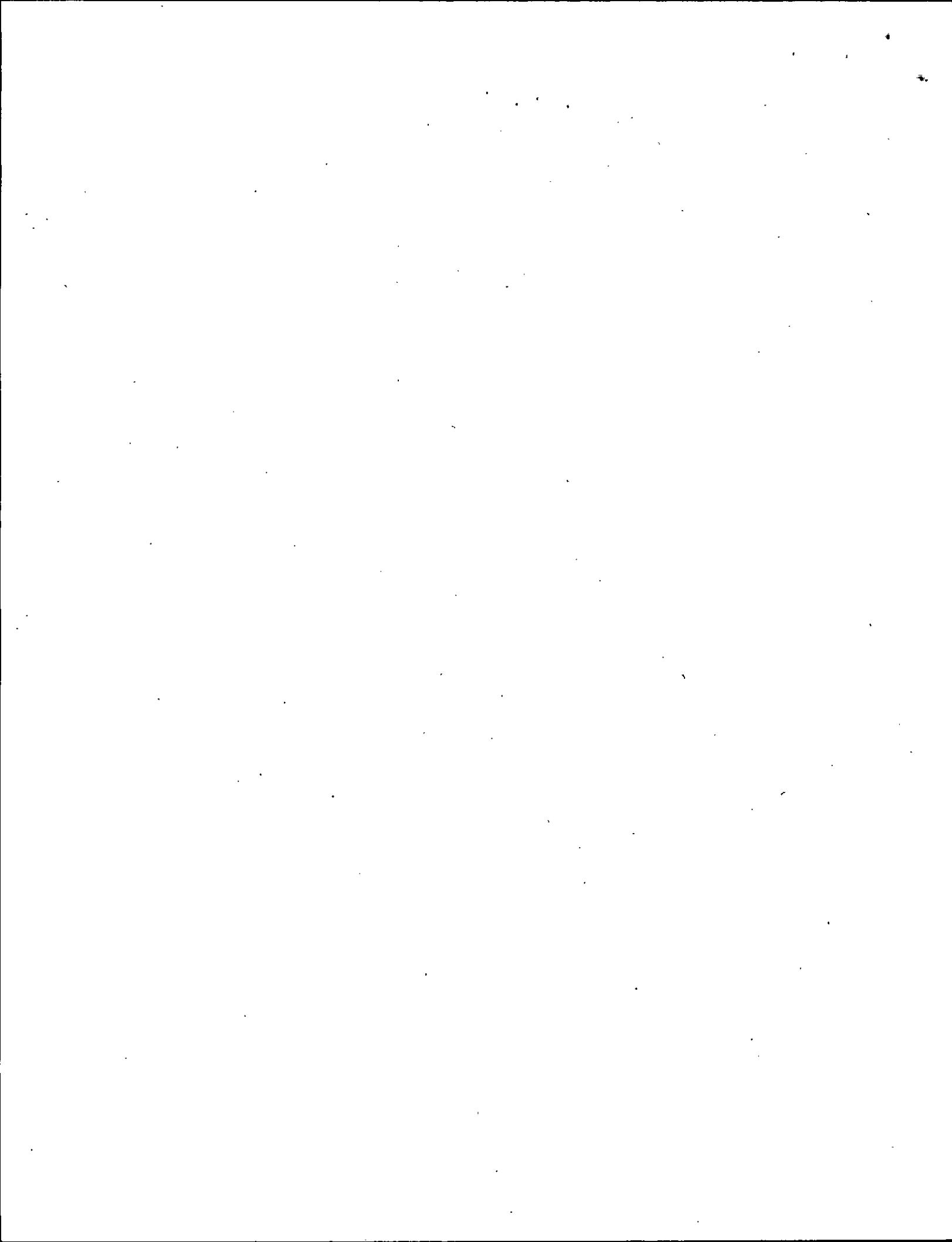
Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

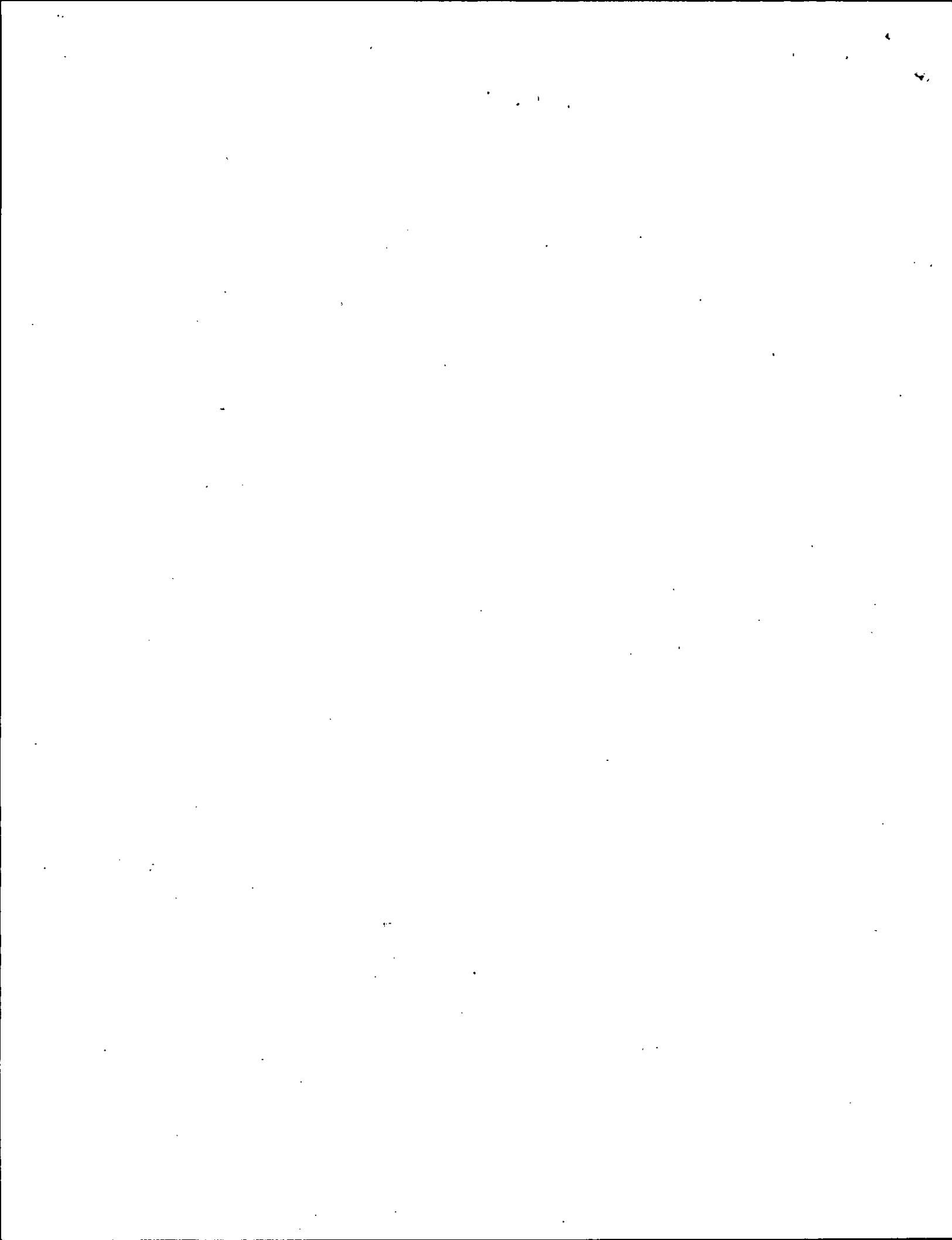
Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>



9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? 0

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? 0

If yes, state the person's name, address, and telephone number:

N/A

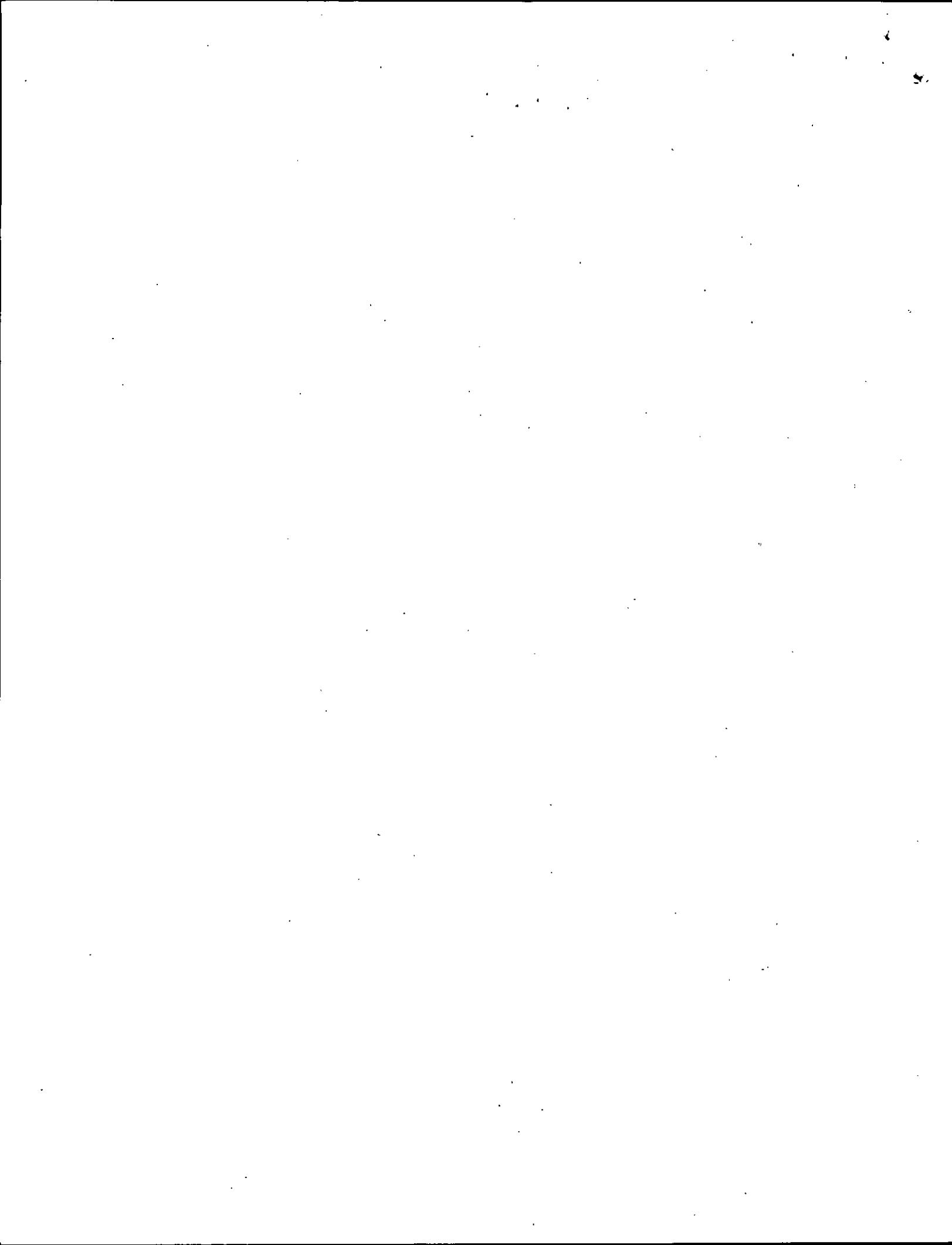
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I HAVE BEEN COURT ORDERED BY THE STATE TO UNDERGO A MH "REHABILITATION" PROGRAM FOR OVER 24HS NOW WHICH IS NOT SELF PACED & THEIR PROVISIONS REMAINES FOR FINANCIAL & RESIDENTIAL PENALTIES AND SERIOUSLY INADING!

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

Executed on: JANUARY 16, 2022


(Signature)



CLERK OF THE
SUPERIOR COURT
FILED
C. CRUZ, DEP

2020 DEC 16 AM 9:24

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

JOSEPH LAMONT WILSON

Name of Petitioner/Plaintiff.

CASE NO. CV2020-016567

MCSO LEGAL LIASON ET AL.

Name of Respondent/Defendant.

**ORDER FOR ASSESSMENT AND
COLLECTION OF INMATE COURT
FEES AND COSTS**

THE COURT FINDS that JOSEPH LAMONT WILSON, DOC number T631214, is an inmate confined to a correctional facility operated by the Arizona State Department of Corrections who has initiated a civil action or proceeding, other than an action or proceeding for dissolution of marriage, legal separation, or annulment or establishment, enforcement or modification of child support. The amount of fees and costs due to date is \$403.00. (OR ALTERNATIVELY: "A STATEMENT OF FEES and COSTS DUE IS ATTACHED.") In accordance with A.R.S. § 12-302(E),

IT IS ORDERED that a first time payment of twenty percent (20%), \$80.60, is assessed as a partial payment of the amount due. If monies exist, the State Department of Corrections shall deduct this amount from the inmate's spendable account and remit it to the court.

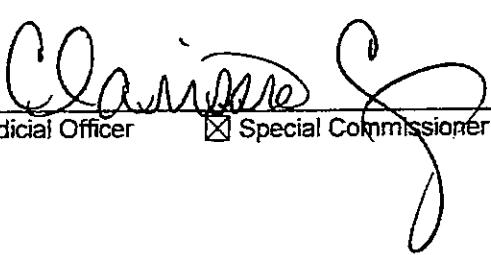
IT IS FURTHER ORDERED that the clerk of the court shall forward to the State Department of Corrections an updated accounting of the amount of actual court fees and costs.

IT IS FURTHER ORDERED that the State Department of Corrections shall withhold twenty percent (20%) of all deposits in the inmate's spendable account until the actual court fees and costs are collected in full and shall annually forward any monies collected to this court. Upon the inmate's release, the State Department of Corrections shall forward the amount of fees and costs collected through the date of the release and the inmate's current mailing address to the following address:

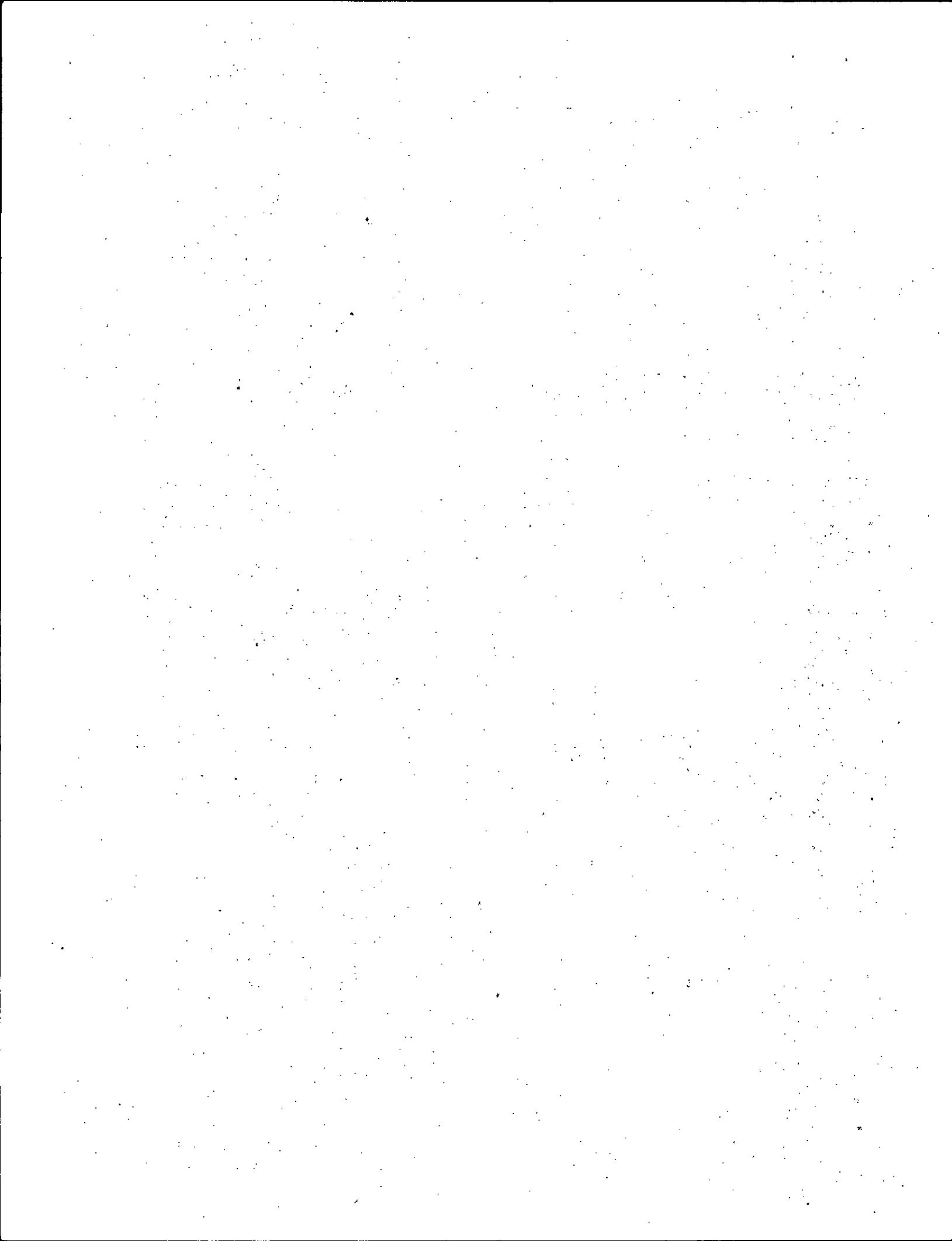
Clerk of Superior Court
Deferral and Billing Unit
201 W. Jefferson St.
Phoenix, AZ 85003-2291

IT IS FURTHER ORDERED that a copy of this order be mailed to the State Department of Corrections, Bureau of Business and Finance and to the inmate personally.

DATED: December 16, 2020


 Judicial Officer Special Commissioner

OFF – revised 09-01-14



APPLICANT

Complete all information in this section.

JOSEPH JANNET WILSON
Plaintiff/Petitioner
"IMBO" (LEGAL LIAISON)
Defendant/Respondent

CASE NUMBER: _____

DEC 16 2020

DATE:

I.L.S.
FILED

DEFERRED FEE APPLICATION INFORMATION

NAME:	JOSEPH LAMONT LILLISON		
ADDRESS:	(402) 541-5111, JEFFERSON AVE		
CITY:	PHOENIX	STATE:	ARIZONA
SSN:	143-72-0440	ZIP CODE:	85004
PHONE(H):	() N/A	PHONE (W):	(402) 261-0660 (ASK FOR JEFF)
DO YOU HAVE AN ATTORNEY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	PHONE (Cell): () N/A

**(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).
FINANCIAL STATUS OF A DEFERRED FEE**

Special
Commissioner

FEE CODE # _____ TYPE _____ \$ _____
FEE CODE # _____ TYPE _____ \$ _____
FEE CODE # _____ TYPE _____ \$ _____

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ _____

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ _____

BALANCE: \$ _____

Special
Commissioner

BALANCE OF DEFERRED FEE(S) DUE ON _____ DAY OF _____, 20_____
I (APPLICANT) SHALL MAKE (WEEKLY MONTHLY) PAYMENTS OF \$_____
FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.
ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS
AGENCY.

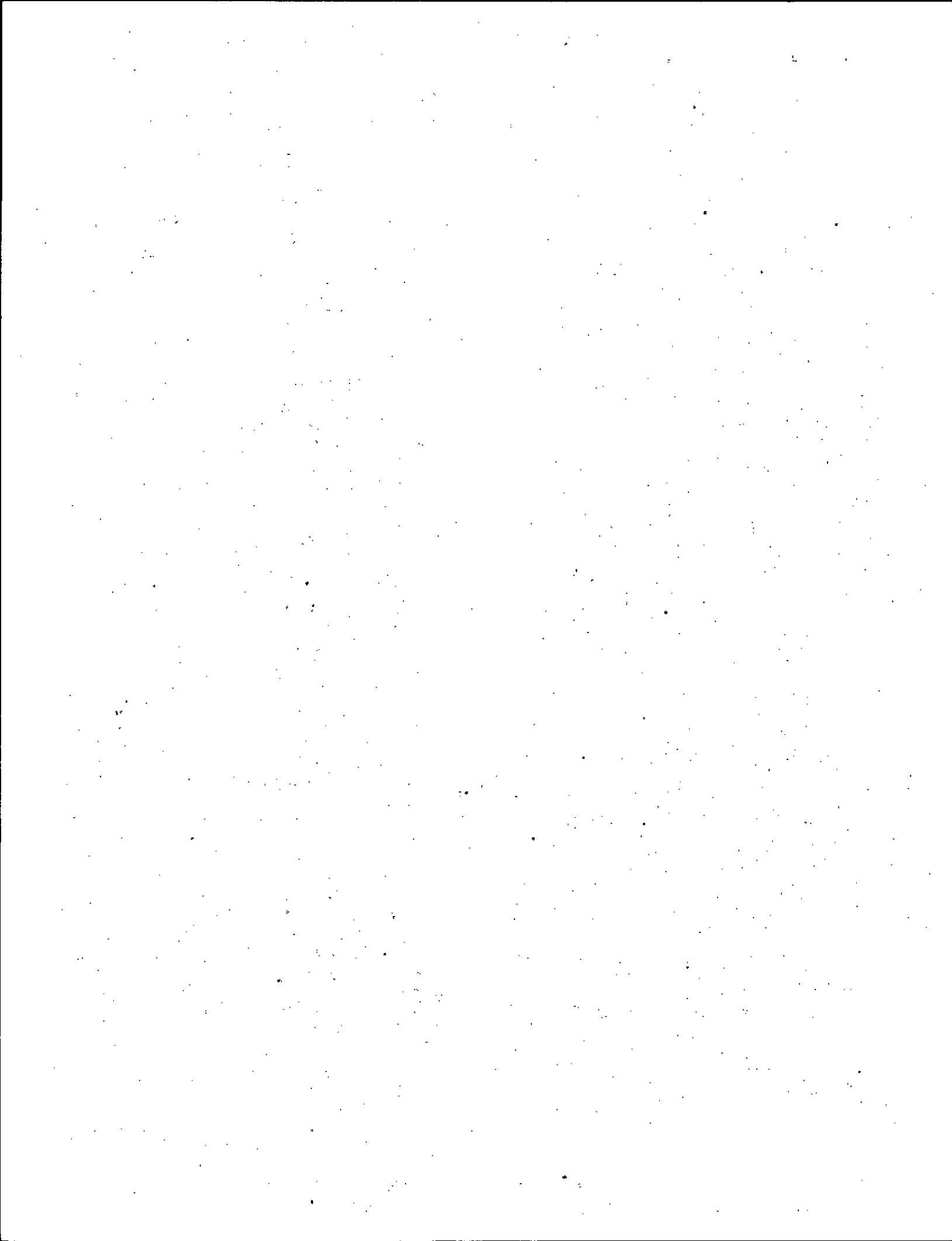
Special
Commissioner

**(FOR COURT USE ONLY: Do Not Write in this Section (except for your signature, below).
ASSISTANCE RECEIVED/ INCOME INFORMATION**

<input type="checkbox"/> TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)	<input type="checkbox"/> SSI
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> < 150%
<input type="checkbox"/> COMMUNITY LEGAL SERVICES	

Applicant:

APPLICANT SIGNATURE: Mark Wilson



Person Filing: JOSEPH (AMOUNT) LILSON (783124)
Address (if not protected): 1411 S 4TH AVE 201 W JEFFERSON AVE
City, State, Zip Code: PHOENIX, AZ, 85004
Telephone: N/A
Email Address: JOSEPHAMOUNTLILSON@YAHOO.COM
Lawyer's Bar Number: N/A

Form 7, 2003 LSC CR

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Joseph (Amount) LILSON

Name of Petitioner/Plaintiff

Case Number: _____

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

MCSO - XEROX LILSON et al.,

Name of Respondent/Defendant

STATE OF ARIZONA)

COUNTY OF MARICOPA) 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.

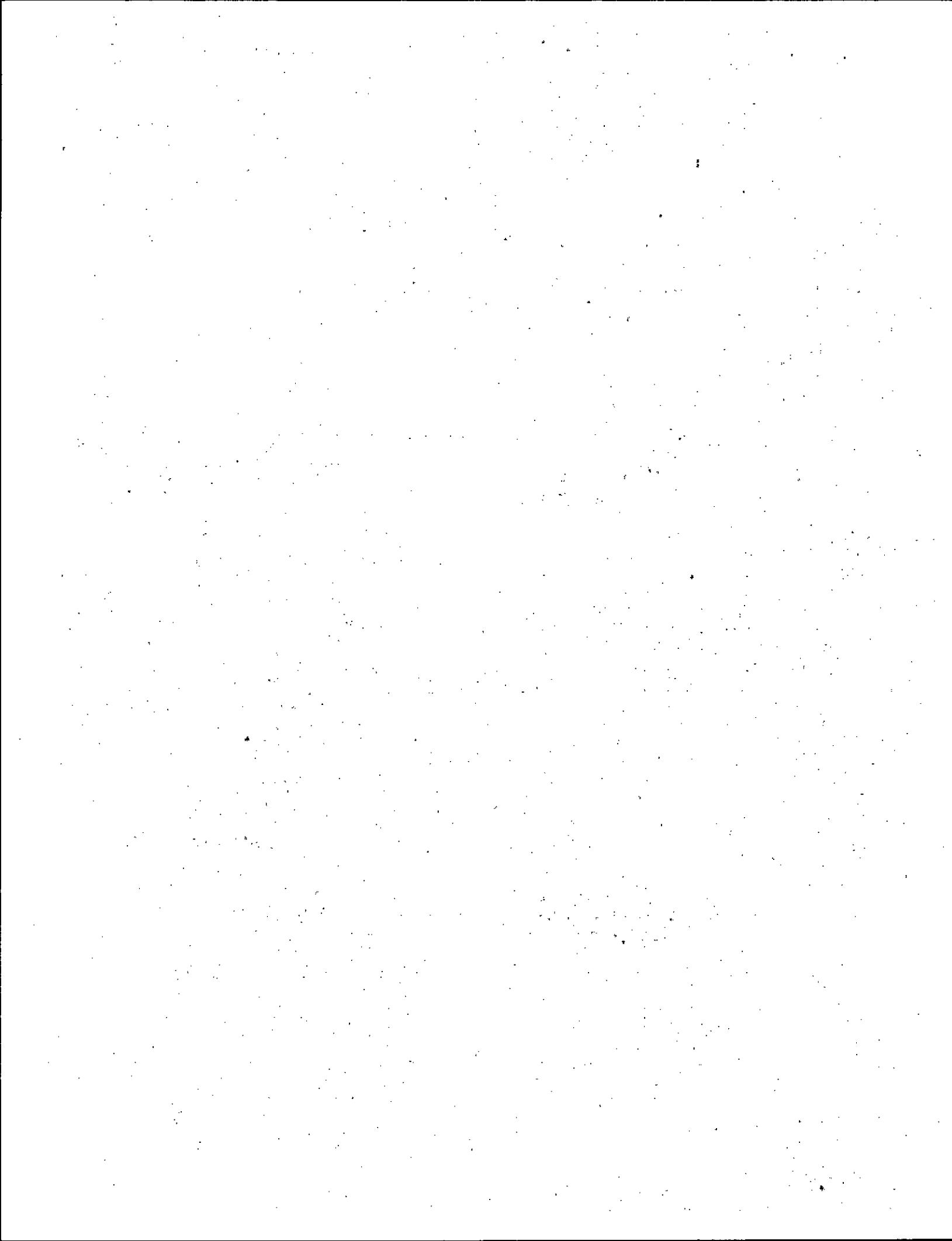
I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation 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 Supplemental Information form if I am asking for service of process costs, or service by publication costs.) 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 Supplemental Security Income (SSI) program.



3. FINANCIAL QUESTIONNAIRE

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

NAME

JESSEH (A)MONT (W)ESD

RELATIONSHIP

SELF

STATEMENT OF INCOME AND EXPENSES

Employer name: N/AEmployer phone number: _____
 I am unemployed (explain): IN RECEIVING STATEMANDATED MEDICAL TREATMENTS
② "LA FRONTERA" COMMUNITYMy prior year's gross income: \$ 0

MONTHLY INCOME

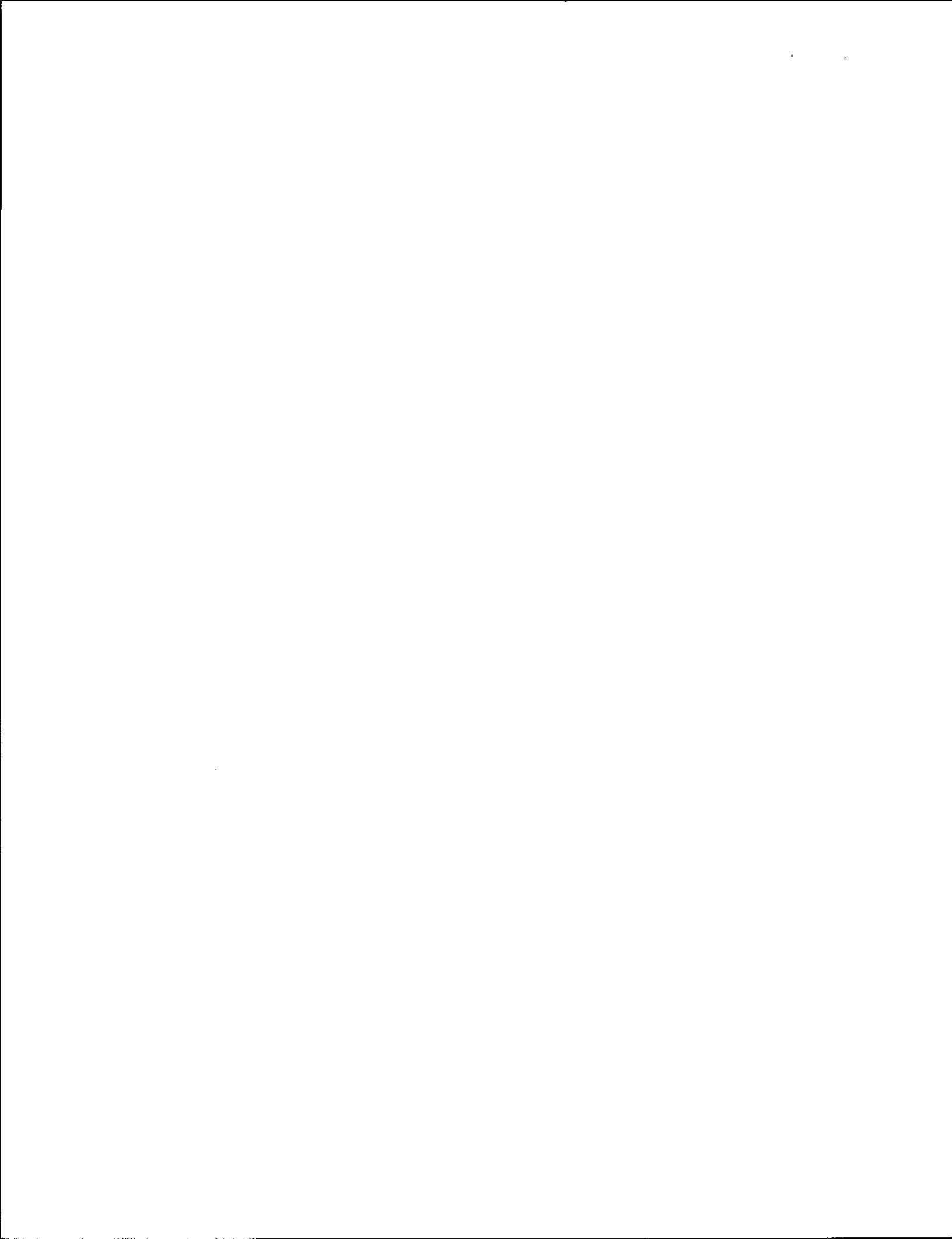
My total monthly gross income: \$ 0My spouse's monthly gross income (if available to me): \$ 0Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: \$ 0TOTAL MONTHLY INCOME \$ 0

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

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ <u>0</u>	\$ <u>0</u>
Car payment	\$ <u>0</u>	\$ <u>0</u>
Credit card payments	\$ <u>0</u>	\$ <u>0</u>
Explain: <u>RENT & 1 LOWEST PAYMENT GRADE</u>		
Other payments & debts	\$ <u>0</u>	\$ <u>0</u>
Household	\$ <u>0</u>	
Utilities/Telephone/Cable	\$ <u>0</u>	
Medical/Dental/Drugs	\$ <u>0</u>	
Health insurance	\$ <u>0</u>	
Nursing care	\$ <u>0</u>	
Tuition	\$ <u>0</u>	
Child support	\$ <u>0</u>	
Child care	\$ <u>0</u>	
Spousal maintenance	\$ <u>0</u>	
Car insurance	\$ <u>0</u>	
Transportation	\$ <u>0</u>	
Other expenses (explain)	\$ <u>0</u>	

TOTAL MONTHLY EXPENSES

\$ 0



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

	ESTIMATED VALUE
Cash and bank accounts	\$ <u>0</u>
Credit union accounts	\$ <u>0</u>
Other liquid assets	\$ <u>0</u>
TOTAL ASSETS	\$ <u>0</u>

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

N/A

AMOUNT

\$ N/A

TOTAL EXTRAORDINARY EXPENSES

\$ 0

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.

12/14/20

Date

Joseph L. Wilson
Signature

JOSEPH LAMONT WILSON
Applicant's Printed Name

12/14/2020

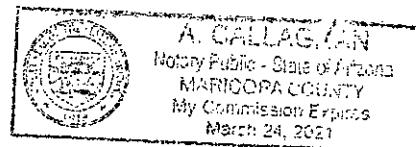
Date

A. Callaghan

Judicial Officer, Deputy Clerk or Notary Public

03/24/2020

My Commission Expires/Seal:



Person Filing: JOSEPH JAMES WILSON (7637214)
Address (if not protected): 1614 EAST 44TH AVENUE
City, State, Zip Code: PHOENIX, AZ, 85014
Telephone: N/A
Email Address: JOSHUA.LAMONT.WILSON@GMAIL.COM
Lawyer's Bar Number: N/A

For the Plaintiff Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

JOSEPH JAMES WILSON

Name of Petitioner/Plaintiff

Case Number: _____

MSD V. VENDI LIAONI et AL.

Name of Respondent/Defendant

AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEES

STATE OF ARIZONA)
COUNTY OF MARICOPA) 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):

Currently Housed @ A TUR JAIL & INDECENT

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):

CURRENTLY HOUSED DUE TO COVID-19 (INCARCERATION) & INJURY!

I have contacted the person(s) listed below to try to find the location of the other party.

NAME

ADDRESS

N/A

OATH OR AFFIRMATION

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

Date:

12/10/20

Joseph L. Wilson

Signature

JOSEPH LAMONT WILSON

Applicant's Printed Name

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, as of (date) 12/10/20, the last known address of the person to be served as: "MCSO" LEGAL LIAISON, 555 W JACKSON STREET, PHOENIX, AZ 85003

Person Filing: JOSEPH LAMONT WILSON (7281014)
Address (if not protected): 1500 85TH AVENUE 201, W. SUPERIOR, AZ
City, State, Zip Code: PHOENIX, AZ 85053-04
Telephone: 480
Email Address: JOSEPHLAMONTWILSON@GMAIL.COM
Lawyer's Bar Number: 444

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

CLerk of the
SUPERIOR COURT
FILED
C. CRUZ, DEP

2020 DEC 16 AM 8:58

For Clerks Use Only

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

CV 2020-016567

JOSEPH LAMONT WILSON

Name of Petitioner/Plaintiff

Case Number: _____

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

"MAGO" "LEGAL DRAGON" 2/24/20

Name of Respondent/Defendant

**NOTE: ONLY FILL OUT THE ABOVE INFORMATION. THE COURT WILL FILL OUT
THE REST OF THE FORM.**

THE COURT FINDS that the applicant (print name) JOSEPH LAMONT WILSON

1. IS NOT ELIGIBLE FOR A DEFERRAL of fees and/or costs.
OR
2. IS ELIGIBLE FOR A DEFERRAL of fees and/or 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/or costs at the court's discretion (A.R.S. § 12-302(L)).
OR
4. IS ELIGIBLE FOR A DEFERRAL of fees and/or 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/or costs because the applicant is permanently unable to pay (A.R.S. § 12-302(D)).
OR
6. IS ELIGIBLE FOR A WAIVER of fees and/or costs at the court's discretion (A.R.S. § 12-302(L)).
OR

7. IS NOT ELIGIBLE FOR A WAIVER of fees and/or 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; presents documentation they are currently receiving services from a non-profit legal services organization; 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/or costs in this court:

Any or all filing fees; fees for the issuance of either a summons and subpoena; or the cost of attendance at an educational program required by A.R.S. § 25-352, 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.

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.) until paid in full, beginning _____.

WAIVER IS DENIED for all fees and/or costs in this case.

WAIVER IS GRANTED for all fees and/or 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 the cost of attendance at an educational program required by A.R.S. § 25-352, 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.

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.

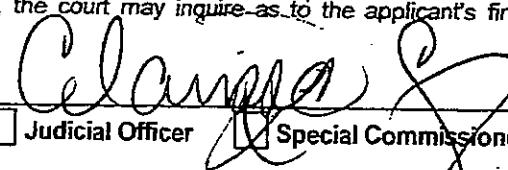
NOTICE REGARDING CONSENT JUDGMENT. Unless any of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

- 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: DEC 16 2020


 Judicial Officer Special Commissioner

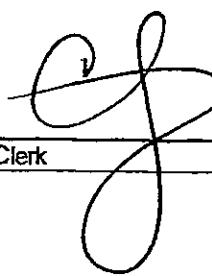
I CERTIFY that I mailed/delivered/provided a copy of this document to:

Applicant at the above address in court

Applicant's attorney at the above address in court

DEC 16 2020

Date: _____


 C. CRUZ
 Deputy Clerk

By: _____
 Clerk