



Case No. \_\_\_\_\_

**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 monthly income is:

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:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
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.

	<b>ESTIMATED VALUE</b>
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Other liquid assets	\$ _____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

**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 bases 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.

<b>DESCRIPTION OF EXPENSES</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXTRAORDINARY EXPENSES</b>	<b>\$ _____</b>

**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 Service of Process for Injunctions against Harassment" 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.

Case No. \_\_\_\_\_

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Sworn to or Affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer / Deputy Clerk / Notary Public