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|---|---|
| <input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ <hr/> Attorney or Party Without Attorney: (Name & Address) _____ <hr/> Phone Number: _____ Atty. Reg. #: _____ | ▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Courtroom: _____ |
| MOTION TO: <input type="checkbox"/> FILE WITHOUT PAYMENT OF FILING FEE <input type="checkbox"/> WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT | |

I, _____ respectfully move the Court for an order to waive the following filing fee(s):
 complaint petition answer response motion to modify other: _____ and as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

| Name of Applicant | | |
|--|-------------------------|---------------|
| Last Name | First Name | MI |
| Street Address (Include Apt. # if applicable) _____ | | |
| City | State | Zip Code |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____ | | |
| Social Security # | Driver's Lic. # & State | Date of Birth |
| Most Recent Employer: _____ | | |
| Work Address: _____ | | |
| Work Phone #: () _____ | | |
| Dates Employed: _____ | | |
| Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | | |

| Name of Other Responsible Party(Spouse, Partner, Parent, Other Persons in Household) | | |
|--|-------------------------|---------------|
| Last Name | First Name | MI |
| Street Address (Include Apt. # if applicable) _____ | | |
| City | State | Zip Code |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____ | | |
| Social Security # | Driver's Lic. # & State | Date of Birth |
| Most Recent Employer: _____ | | |
| Work Address: _____ | | |
| Work Phone #: () _____ | | |
| Dates Employed: _____ | | |
| Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | | |

Marital Status: Single Married Partner in a Civil Union Divorced/Civil Union Dissolved Separated
Widowed

Number in Household: (including yourself) _____

Identify Members:

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Age | Relationship |
| _____ | _____ | _____ |
| Name | Age | Relationship |

| Gross Monthly Income (See Information on page 3) | | Monthly Expenses (See Information on Page 3) | |
|--|----------|---|--|
| Self (wages, salary, commission) | \$ _____ | Rent or Mortgage | \$ _____ |
| Spouse/Partner, Other Household Members | \$ _____ | Groceries | \$ _____ |
| Parents (if same household) | \$ _____ | Utilities | \$ _____ |
| Unemployment Benefits | \$ _____ | Clothing | \$ _____ |
| Social Security/Retirement Funds | \$ _____ | Maintenance/Alimony and/or Child Support | \$ _____ |
| Maintenance/Alimony | \$ _____ | Medical/Dental | \$ _____ |
| Other Income (identify) | \$ _____ | Other Expenses (identify) | \$ _____ |
| Other Income (identify) | \$ _____ | Other Expenses (identify) | \$ _____ |
| | \$ _____ | | \$ _____ |
| Total Income | | Total Expenses | |
| Cash on Hand (Cash you are carrying which is stored at home, etc.) | \$ _____ | Credit Cards: (Show type and balance owed) | |
| | | Type: _____ | Balance \$ _____ |
| | | Type: _____ | Balance \$ _____ |
| Checking Account Balance | \$ _____ | Name/Address of Bank: _____ | |
| Savings Account Balance | \$ _____ | Name/Address of Bank: _____ | |
| Stocks, Bonds, or other Investments Balance | \$ _____ | Type of Investment _____ | Name/Location of Company/Corporation _____ |
| | | _____ | _____ |
| Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value | \$ _____ | Year _____ Model _____ License Plate _____ | |
| | | Year _____ Model _____ License Plate _____ | |
| House(s) or other Property Estimate Value | \$ _____ | Amount owed \$ _____ | Year Purchased _____ |

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Court to make any necessary contacts to verify the information.

Signature: _____ Date: _____

MOTION TO FILE WITHOUT PAYMENT SUPPORTING FINANCIAL AFFIDAVIT, AND SUPPORTING DOCUMENTATION REQUESTED

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 205.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **DO NOT provide originals.**