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| County Court District Court Denver Juvenile Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  Plaintiff/Petitioner:  v.  Defendant/Respondent/Co-Petitioner: | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| CERTIFICATION OF DETERMINATION OF INDIGENCY | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of authorized person to sign for Legal Service Provider) have determined under the provision of CJD 98-01, as amended February 2018 that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of client to be represented) is indigent based on:

* a review of his/her application under the Legal Services Corporation Act of 1974.

**or**

* a review of the client’s Motion to File without Payment and Supporting Financial Affidavit (JDF 205). I understand that JDF 205 shall be maintained for three years following conclusion of the case or representation of the client, whichever is the later date, for which waiver of courts costs is obtained under CJD 98-01. The State Court Administrator’s Office may request to view any such records, and such request may not be refused.

Based on that determination, the above-name party is eligible to have the filing fee, jury fee, if applicable, reasonable copy fees, E-file and E-service fees, and research fees waived as they relate to this case, pursuant to CJD 98-01, as amended August 2008, without additional findings or orders of the Court. If the Court delivers the documents for service of process to the Sheriff, the Court can waive the sheriff’s fee and pay such fees from mandated costs.

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

Signature of Attorney filing this form with the Court

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Name of Legal Services Provider Certifying Indigency Determination