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| County Court District Court Denver Juvenile Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:Plaintiff/Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_v.Defendant/Co-Petitioner/Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  COURT USE ONLY  |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:  | Case Number:Division Courtroom  |
| INMATE MOTION REQUESTING TO: FILE WITHOUT PREPAYMENT OF FILING/SERVICE FEES PURSUANT TO §13-17.5-103, C.R.S |

***Information to Applicant***

Any inmate who is allowed to proceed in a civil action as a poor person shall be required to pay the full amount of the filing fee and service of process fees previously paid by the Court as follows:

* The Court will require an initial partial payment if the inmate has ten dollars or more in his/her account.
* The Court will require continuous monthly payments equal to 20% of the preceding month’s deposit in the inmate account until the filing fee and service of process fees are paid in full.

I, respectfully move the Court for an order to proceed without a prepayment of the following filing fees: complaint petition answer response motion to modify service fees other: as grounds that I do not have adequate funds available in my inmate account and have a meritorious claim.

***All items must be fully completed. Print or type neatly.***

1. **Information about the Applicant:**

Name: Inmate/DOC #:

Name of Facility:

Address:

City: State: Zip Code:

1. **Amount of funds currently held in Inmate Account:**

 Balance is $ as of (date).

Attached is a copy of my inmate account for six-months preceding the filing of this Motion. **This copy must be certified by an appropriate official at the detention facility.**

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

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**I swear under penalty of perjury that all information provided is true and complete.**

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

 Signature of Applicant