


<b>JDF 211</b>	<b>Application for Reduced Fees</b> For Office of Dispute Resolution Services	
	1. Case Number: _____	
	2. Case filed in (county): _____	

I request to reduce my payment for Office of Dispute Resolution (ODR) services.

**Note!** You don't need this form if the court waived your filing fees (JDF 206) within the last six months. Send a copy of that order to the mediator to automatically qualify.

**3. My Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Mediation Information *(if known)***

Mediation is scheduled for (date) \_\_\_\_\_  
 Mediator's Name \_\_\_\_\_

**5. Automatic Qualification**

Are you enrolled in one of these programs?  No.  **Yes. \***

*\* If yes, check all that apply:*

- |  |  |
|--|--|
| <input type="checkbox"/> Aid to the Blind Colorado   | <input type="checkbox"/> Temporary Aid for Needy Families (TANF)   |
| <input type="checkbox"/> Old Age Pension – A and B.  | <input type="checkbox"/> Supp. Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supp. Security Income (SSI) | <input type="checkbox"/> Aid to the Needy and Disabled (AND)       |

\* **If yes**, skip to Section 10 of this form.

**6. Work Information**

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_  
 Full Work Address: \_\_\_\_\_  
 Pay Date(s): \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

2<sup>nd</sup> Job Title: \_\_\_\_\_ Company: \_\_\_\_\_  
 Full Work Address: \_\_\_\_\_  
 Pay Date(s): \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

**7. Household Members**

Number of people in household: *(including yourself)* \_\_\_\_\_

List adults who contribute to household income:

Name	Relationship	Income Before Taxes

**8. Monthly Income & Expenses**

Income Before Taxes <i>(Gross Income)</i>	\$	Expenses	\$
Mine <i>(wages/commission/tips)</i>		Rent/Mortgage	
Household Members		Groceries / Utilities	
Unemployment Benefits		Maintenance/Child Support	
Maintenance <i>(alimony)</i>		Medical/Dental	
Other:		Transportation	
Other:		Loans/Credit Cards	
<b>Total Household Income</b>		<b>Total Household Expenses</b>	

**9. What You Own**

Asset	\$ Value	Description of Asset	\$ Still Owed
Savings Account		Bank Name:	
Checking Account		Bank Name:	
Cash on Hand			
Other Property		Type:	
Stocks, Bonds, and Mutual Funds		Type:	
Other Investments		Type:	
<b>Total Assets</b>		<b>Convertible to Cash</b>	

**10. Submission**

Submit this application to the Office of Dispute Resolution by:

Email: [odrmediations@judicial.state.co.us](mailto:odrmediations@judicial.state.co.us)

Fax: 303-218-9145

For questions, call the Office of Dispute Resolution at 720-625-5940.

**11. Verified Signature**

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

Executed on the *(date)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, *(year)* \_\_\_\_\_

at City: *(or other location)* \_\_\_\_\_

and State: *(or country)* \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Lawyer Signature: *(if any)* \_\_\_\_\_

# Instructions

## 1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

### Include:

- Wages
- Tips
- Salaries
- Bonuses
- Alimony
- Pensions
- Royalties
- Annuities
- Dividends
- Commissions
- Capital Gains
- Severance Pay
- Trust Income
- Retirement Benefits
- Unemployment Benefits
- Independent Contractor Pay
- Social Security Disability (SSD)
- Social Sec. Supplemental Income (SSI)
- Interest/Investment Earnings
- Worker's Compensation Benefits

**Note:** Don't include income from **roommates**. Only include their incomes if you share bank accounts or commingle funds.

### Do Not Include:

- Food Stamps
- Child Support
- Public Assistance
- TANF Payments
- Subsidized Housing
- Veteran's Disability

## 2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity.

This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

## 3. Expenses

**Do not include** nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

## 4. Attachments

The Court, or ODR, may request proof of enrollment, income, expenses, or assets. If so, don't attach original documents. You may wish to remove financial account and tax identification numbers.