

Denver County Court, City and County of Denver, Colorado <input type="checkbox"/> 520 W. Colfax Avenue, Room 160 <input type="checkbox"/> 1437 Bannock Street, Room 135 Denver, Colorado 80204, 720-337-0410 Denver, Colorado 80202, 720-865-7840	
Plaintiff(s): V. Defendant(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division: Courtroom:
MOTION TO FILE WITHOUT PAYMENT OF FILING FEE 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 (Includes Apt. # if applicable) _____		
City _____ State _____ Zip Code _____		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's License # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: _____		
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 (Includes Apt. # if applicable) _____		
City _____ State _____ Zip Code _____		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's License # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: _____		
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

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information of 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 or which is stored at home, etc.)	\$	Credit Cards: (Show type and balance owed) Type: _____ \$ _____ Type: _____ \$ _____	
Checking Account Balance	\$	Name/Address of Bank: _____	
Savings Account Balance	\$	Name/Address of Bank: _____	
Stocks, Bonds, or other Investments Held 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 Purchases _____

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.**

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Plaintiff(s):

V.

Defendant(s):

▲ COURT USE ONLY ▲

Case Number : _____

Div. _____ Courtroom _____

FINDING AND ORDER CONCERNING PAYMENT OF FILING FEES

Name of Party filing Motion: _____, _____ (Date).

Upon review of the attached Motion, the above party is:

Eligible to proceed without payment of the following filing fee(s):

Complaint

Petition

Answer

Response

Motion to Modify

Other:

Eligible to have the filing fee of \$ _____ paid in two three payments, with the first payment due by _____ (date) and the final payment due by (date) _____.

Not Eligible to proceed. Party is responsible for payment of the filing fees.

Date: _____

Signature of Eligibility Investigator, Clerk of Court, Judge/Magistrate

ORDER

The Court has reviewed the Motion and so orders:

As indicated above:

The specified party is ordered to pay \$ _____ by _____ (date) to cover filing fees.

Other

The Court finds that by allowing a party to proceed with a payment plan, the party has agreed to pay the fee as listed above. Failure to pay will result in collection against the party. Costs associated with collection will be assessed.

A subsequent motion to proceed without payment of filing fees must be filed upon order of the court or anytime the case is reopened. Pursuant to §13-16-103, C.R.S., in the event the party who receives a waiver of costs prosecutes or defends an action or proceeding successfully, there shall be a judgment entered in his/her favor in the amount of the court costs and the party shall, upon collecting such court costs, remit them to the Court.

Date: _____

 Judge

Magistrate