

Denver County Court, City and County of Denver, Colorado ☐ 520 W. Colfax Avenue, Room 160 ☐ 1437 Bannock Street, Room 135 Denver, Colorado 80204, 720-337-0410 Denver, Colorado 80202, 720-865-7840		▲ COURT USE ONLY ▲
Plaintiff(s): V. Defendant(s):		
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"

My Information

Full Legal Name: _____ Date of Birth: _____
 Street Address: _____
 Telephone Number: _____
 Email Address: _____

I swear or affirm that I'm enrolled in one of these programs: (check all that apply)

- | | |
|---|--|
| ☐ Aid to the Blind Colorado | ☐ Old Age Pension – A and B |
| ☐ Aid to the Needy and Disabled (AND) | ☐ Temporary Aid for Needy Families (TANF) |
| ☐ Supplemental Nutrition Assistance Program (SNAP) | ☐ Supplemental Security Income (SSI) |

****If checked above, do not complete the rest of this form – Proceed to Signature Line.**

Additional Information		
Social Security #	Driver's License # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: _____		
Hours/Week: _____ Pay Rate: \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annual ☐ Other _____		
Marital Status: ☐ Single ☐ Married ☐ Partner in a Civil Union ☐ Divorced/Civil Union Dissolved ☐ Separated ☐ Widowed		
Number in Household: (including yourself): _____		
Identify Members in Household:		
Name	Age	Relationship
Name	Age	Relationship

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
☐ Own ☐ Rent Home Phone #: _____			
Social Security #	Driver's License # & State	Date of Birth	
Most Recent Employer: _____			
Work Address: _____			
Work Phone #: _____			
Hours/Week: _____ Pay Rate: \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annual ☐ Other _____			
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 Purchased _____	
IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.			

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

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) _____

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