

<input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ COURT USE ONLY ▲
Plaintiff/Petitioner: _____ v. Defendant/Co-Petitioner/Respondent: _____		
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
INMATE MOTION REQUESTING TO: <input type="checkbox"/> FILE WITHOUT PREPAYMENT OF FILING/SERVICE FEES PURSUANT TO §13-17.5-103, C.R.S <input type="checkbox"/> APPOINT AND PAY INTERPRETER COSTS PURSUANT TO CJD 06-03		

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: _____ and/or to appoint and pay for an interpreter for the following language _____ 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: _____

2. 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.**

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

Date: _____

 Signature of Applicant