

JDF 205	Motion to Waive Fees
1. Court <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> Probate <input type="checkbox"/> Juvenile <input type="checkbox"/> Supreme Colorado County: _____ Mailing Address: _____	<div style="text-align: center; padding: 10px;"> <i>Clerk's Event Code: MIFP</i> <i>This box is for court use only.</i> </div>
2. Parties to the Case Petitioner/Petitioner: _____ v. Defendant/Respondent: _____	3. Case Details Number: _____ Division: _____ Courtroom: _____

Parties who are incarcerated must use form JDF 201 instead.

4. Background

I request that court fees be waived pursuant to C.R.S. § 13-16-103 and C.J.D. 98-01.

5. My Information

Full Legal Name: _____

Do you need an interpreter? ☐ No. ☐ Yes, in *(language)* _____

Date of Birth: *(DD/MM/YYYY)* _____

Social Status: ☐ Single. ☐ Married/Civil Union. ☐ Divorced. ☐ Separated. ☐ Widowed.

Mailing Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

6. Fees Waived

If the Court determines you qualify *(found indigent)* the following fees will be waived:

- Filing Fees. • Reasonable Copy Fees. • Jury Fees.
- eFiling and eService Fees *(when available)*. • Form and Instruction fees.

☐ If checked, please also waive: _____

Note: The Court can only waive its own fees. Transcript costs can't be waived.

7. Home and Work

Do you own or rent your home? ☐ Own ☐ Rent ☐ Other: _____

Do you have a job now? ☐ No. ☐ Yes.

If No, List the date of your last paycheck: *(mm/dd/yyyy)* _____

If Yes, Job Title: _____ Company: _____

Work Phone: _____. I started: *(date)* _____

My pay rate is: \$_____ per ☐ Hour ☐ Month. I work _____ hours per week.

I get a paid: ☐ Every Week. ☐ Every Month. ☐ Twice a Month.

8. Household

How many people live in your home? *(include yourself)* _____

Name	Age	Relationship to You	Are They Financially Dependent on You?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Household Income and Expenses

Monthly Income	\$ Amount	Monthly Expenses	\$ Amount
a. Mine <i>(wages/commission/tips)</i>		a. Rent/Mortgage	
b. Of household members		b. Groceries <i>(above food stamps)</i>	
c. Unemployment benefits		c. Utilities	
d. From your retirement funds		d. Child support/alimony you pay	
e. Spousal Support you get		e. Medical and dental costs	
f. Other:		f. Transport costs <i>(car, insurance)</i>	
g. Other:		g. Student loans and credit cards	
Total Monthly Income	_____	Total Monthly Expenses	_____

What Not to Include

- Don't include roommates' income.
- Exclude roommates' share of the bills in monthly expenses.
Roommate Exception: If you share bank accounts or comingle funds.
- Don't include child support, TANF, VA benefits, or food stamps as income.

If your income is less than your expenses, how do you pay the bills?

10. Household Assets

Accounts	\$ Value	Description
Cash		Money with you or at home.
In Savings		Bank Name:
In Checking		Bank Name:

Property	\$ Value	Description of Asset	Money Still Owed
Cars, boats, or RVs			
Homes and land			
Other property			
Stocks, bonds, jewelry and other valuables			
Any other investments			

Is there anything else you want the court to know about your financial situation?

Note: In some circumstances, the Court may require you to provide proof of income, assets, and expenses before deciding your motion.

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: _____