LOCAL FORM		Request to Waive Fees				
OLORAD	County: Jeffer	son County		Court Use Only		
414	Case Name:		Case Number:			
COURTS				oom:	Division	
1. My	Information					
	Name: first		middle		last	
	I am:		le orced	☐ Married / I☐ Separated	n a Civil Union Widowed	
	Date of Birth: Phone:					
Email:Address:						
	Do you need	an interpreter?	No [Yes, in:	e	
2. I Re	quest					
	I request thes	se fees be waived:		See C.R.S. § 13	-16-103 and C.J.D. 98-01(IV).	
		ng Fees. •	Jury Fees. E-service	Fees.		
3. My	Home and V	Vork				
	Do you own	or rent your home	уО <u></u> 9	rn Rent [Other:	
	Do you have	a job now?	No. Y	es.		
	If No ,	List the date of y	our last pay	ycheck: <i>(mm-dd-yyy</i>	y)	
	If <i>Yes</i> ,	Job Title:		Company:		
					started:	

My Household				
How many people live in	your ho	ome? (include you)	·	
ist the other members of your household.			1	
Name	Age	Relationship to You	Dependent	on `
			Yes [N
			Yes [
			☐ Yes ☐	1 1
Roommate Exception	share o	household income. If the bills in monthly expended share bank accounts or common TANF, VA benefits, or foot	comingle funds.	:om
Exclude roommates's Roommate Exception	share on a lift you	f the bills in monthly expendu share bank accounts or c	comingle funds.	
 Exclude roommates's Roommate Exception Don't include child su 	share on a lift you	f the bills in monthly expend ou share bank accounts or control TANF, VA benefits, or foo	comingle funds.	
 Exclude roommates's Roommate Exception Don't include child su Monthly Income 	share on a lift you	f the bills in monthly expensus share bank accounts or contained. TANF, VA benefits, or for Monthly Exp	comingle funds. od stamps as inco penses	
Exclude roommates's Roommate Exception Don't include child su Monthly Income a. Mine (wages/commission/tips)	share on a lift you	f the bills in monthly expense ou share bank accounts or control TANF, VA benefits, or for the Monthly Expanse a. Rent/Mortgage	comingle funds. od stamps as inco penses	
Exclude roommates's Roommate Exception Don't include child su Monthly Income a. Mine (wages/commission/tips) b. Of household members	share on a lift you	f the bills in monthly expendent share bank accounts or control TANF, VA benefits, or for the monthly Expendent a. Rent/Mortgage b. Groceries (above any)	comingle funds. od stamps as inco penses food stamps)	
Exclude roommates's Roommate Exception Don't include child su Monthly Income a. Mine (nages/commission/tips) b. Of household members c. Unemployment benefits	share of a life of the state of	f the bills in monthly expensive share bank accounts or control of the transfer of the transfe	comingle funds. od stamps as inco penses food stamps)	com
Exclude roommates's Roommate Exception Don't include child su Monthly Income Mine (wages/commission/tips) b. Of household members c. Unemployment benefits d. From your retirement funds	share of a life of the state of	f the bills in monthly expensive share bank accounts or control of the share bank accounts o	comingle funds. od stamps as inco penses food stamps) nony you pay	
Exclude roommates's Roommate Exception Don't include child su Monthly Income a. Mine (wages/commission/tips) b. Of household members c. Unemployment benefits d. From your retirement funds e. Maintenance or alimony you get	share of a life of the state of	f the bills in monthly expensive share bank accounts or control of the bills in monthly expensive share bank accounts or control of the bank accounts of t	comingle funds. od stamps as inco penses food stamps) nony you pay costs sts (car, insurance)	

6. What You Own

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

Property	For how much could you sell it?	Description	What do you still owe on it?
Cars, boats, or RVs	\$	Year & Model:	\$
Homes and land	\$	Туре:	\$
Other property	\$	Туре:	
Stocks, bonds, jewelry and other valuables	\$	Туре:	
Any other investments	\$	Туре:	\$

is there anything else you want the court to know about your is	inancial situation?

7. I understand

- The court may check my information.
- I do not need to give bank statements or pay stubs now. But the court may ask for those before it decides my request.

8. Sign & Date

I ariirm, under penaity of perjury, that the inf	formation provided is true and complete.
Your Signature	Date

Court District	
Colorado County: Jefferson County	
Court Address: 100 Jefferson County Parkway, Golden CO 80401	
Parties	Court Use Only
Petitioner/Plaintiff:	Case
and	Number:
Respondent/Defendant:	Division:
(or co-petitioner)	Courtroom:
Order on the Request to Waive	e Fees
1. Requesting Party Name: The party filed a Request to Waive Fees on (date)	
2. Finding	
Calculation based on information reported:	
4.3 x (hours worked) x (rate of pay) =	
☐ The party qualifies for a fee waiver.	
The party doesn't qualify for a fee waiver. Amount	: Due: \$
Reviewing Staff Signature:	Dated:

3.	Decision
	After reviewing the documents and findings, the Court orders:
	The party's fees are waived.
	The party's fees are not waived.
	The party must pay the full filing fee by (date) or the case will be closed.
	☐ The Court orders that counsel be appointed to the party for appeal purposes.
	Other:
4.	Note
	• Parties are required to file a new fee waiver request, or proof of a pre-qualifying benefit, anytime a case is re-opened or to start an appeal.
	• If a party wins a judgment in this case for court costs, under C.R.S. § 13-16-103, the party is required to pay the filing fee from the amount collected.
5.	So Ordered
	Dated:
	By: