

<input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ Attorney or Party Without Attorney: (Name & Address) _____ Phone Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Courtroom: _____
REQUEST TO REDUCE PAYMENT FOR ODR SERVICES AND SUPPORTING FINANCIAL AFFIDAVIT	

I, _____ respectfully request to reduce my payment for Office of Dispute Resolution Services 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 (Include Apt. # if applicable)		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer:		
Work Address:		
Work Phone #: () _____		
Dates Employed: <input type="checkbox"/> 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 (Include Apt. # if applicable)		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer:		
Work Address:		
Work Phone #: () _____		
Dates Employed:		
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

Name Age Relationship

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information on 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	\$
Maintenance/Alimony	\$	Child Support	\$
Other Income (identify)	\$	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:	Balance \$
		Type:	Balance \$
		Type:	Balance \$
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	
		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 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 or ODR to make any necessary contacts to verify the information that I provide.

Signature: _____

Date: _____

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.

C. 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.