

<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: _____  <hr/> Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____  <hr/> Attorney or Party Without Attorney: (Name & Address) _____  Phone Number: _____ Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  <hr/> Case Number: _____ Courtroom: _____
<b>MOTION TO: <input type="checkbox"/> FILE WITHOUT PAYMENT OF FILING FEE <input type="checkbox"/> WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT</b>	

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"**

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 #: (   ) _____		
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: _____		
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Divorced/Civil Union Dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

**Number in Household:** (including yourself) \_\_\_\_\_

**Identify Members:**

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Dates Employed: \_\_\_\_\_

Hours/Week: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annual  Other: \_\_\_\_\_

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 and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
<b>Total Income</b>	\$	<b>Total Expenses</b>	\$
<b>Cash on Hand</b> (Cash you are carrying or which is stored at home, etc.)	\$	<b>Credit Cards:</b> (Show type and balance owed)	
		Type: _____ Balance \$ _____	
		Type: _____ Balance \$ _____	
Checking Account Balance	\$	Name/Address of Bank: _____	
Savings Account Balance	\$	Name/Address of Bank: _____	
<b>Stocks, Bonds, or other Investments Held Balance</b>	\$	_____ Type of Investment      Name/Location of Company/Corporation _____	
<b>Vehicles Owned</b> (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Year _____ Model _____ License Plate _____ Year _____ Model _____ License Plate _____	
<b>House(s) or other Property</b> 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 to make any necessary contacts to verify the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MOTION TO FILE WITHOUT PAYMENT SUPPORTING FINANCIAL AFFIDAVIT, AND SUPPORTING DOCUMENTATION REQUESTED

## 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.**