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|---|--|--|
| JDF 211 | Application for Reduced Fees For Office of Dispute Resolution Services | |
|  | 1. Case Number: _____ | |
| | 2. Case filed in (county): _____ | |

I request to reduce my payment for Office of Dispute Resolution (ODR) services.

Note! You don't need this form if the court waived your filing fees (JDF 206) within the last six months. Send a copy of that order to the mediator to automatically qualify.

3. My Information

Name: _____ Birthdate: _____
 Full Mailing Address: _____
 Phone number: _____ Email: _____

4. Mediation Information (if known)

Mediation is scheduled for (date) _____
 Mediator's Name _____

5. Automatic Qualification

Are you enrolled in one of these programs? No. Yes.*

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Aid to the Blind Colorado | <input type="checkbox"/> Temporary Aid for Needy Families (TANF) |
| <input type="checkbox"/> Old Age Pension – A and B. | <input type="checkbox"/> Supp. Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supp. Security Income (SSI) | <input type="checkbox"/> Aid to the Needy and Disabled (AND) |

* If yes, skip to Section 10 of this form.

6. Work Information

Job Title: _____ Company: _____
 Full Work Address: _____
 Pay Date(s): _____ Hours/Week: _____ Pay Rate: \$ _____

2nd Job Title: _____ Company: _____
 Full Work Address: _____
 Pay Date(s): _____ Hours/Week: _____ Pay Rate: \$ _____

7. Household Members

Number of people in household: *(including yourself)* _____.

List adults who contribute to household income:

| Name | Relationship | Income Before Taxes |
|-------|--------------|---------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

8. Monthly Income & Expenses

| Income Before Taxes <i>(Gross Income)</i> | \$ | Expenses | \$ |
|--|-----------------|---------------------------------|-----------------|
| Mine <i>(wages/commission/tips)</i> | \$ _____ | Rent/Mortgage | \$ _____ |
| Household Members | \$ _____ | Groceries / Utilities | \$ _____ |
| Unemployment Benefits | \$ _____ | Maintenance/Child Support | \$ _____ |
| Maintenance <i>(alimony)</i> | \$ _____ | Medical/Dental | \$ _____ |
| Other: _____ | \$ _____ | Transportation | \$ _____ |
| Other: _____ | \$ _____ | Loans/Credit Cards | \$ _____ |
| Total Household Income | \$ _____ | Total Household Expenses | \$ _____ |

9. What You Own

| Asset | \$ Value | Description of Asset | \$ Still Owed |
|---------------------------------|-----------------|----------------------------|-----------------|
| Savings Account | \$ _____ | Bank Name: _____ | |
| Checking Account | \$ _____ | Bank Name: _____ | |
| Cash on Hand | \$ _____ | | |
| Other Property | \$ _____ | Type: _____ | \$ _____ |
| Stocks, Bonds, and Mutual Funds | \$ _____ | Type: _____ | |
| Other Investments | \$ _____ | Type: _____ | \$ _____ |
| Total Assets | \$ _____ | Convertible to Cash | \$ _____ |

10. Attachments

With this form, I've attached: *(check one)*

Proof of Automatic Qualification *(from section 5)*.
(This could be an award letter or screenshot of benefit app that shows your name.)

Or

Bank statements **and** proof of income for the last two months.

11. Submission

Submit this application to the Office of Dispute Resolution by:

Email: odrmediations@judicial.state.co.us

Fax: 303-218-9145

For questions, call the Office of Dispute Resolution at 720-625-5940.

12. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at
(date) (month) (year)

_____, _____
(city or other location, and state or country)

Print Your Name: _____

Your Signature: _____

Instructions

1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

Include:

- Wages
- Annuities
- Unemployment Benefits
- Tips
- Dividends
- Independent Contractor Pay
- Salaries
- Commissions
- Social Security Disability (SSD)
- Bonuses
- Capital Gains
- Social Sec. Supplemental Income (SSI)
- Alimony
- Severance Pay
- Interest/Investment Earnings
- Pensions
- Trust Income
- Worker's Compensation Benefits
- Royalties
- Retirement Benefits

Note: Don't include income from **roommates**. Only include their incomes if you share bank accounts or commingle funds.

Do Not Include:

- Food Stamps
- Public Assistance
- Subsidized Housing
- Child Support
- TANF Payments
- Veteran's Disability

2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity.

This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

3. Expenses

Do not include nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

4. Attachments

Don't attach original documents. You may wish to remove financial account and tax identification numbers.