


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.

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

Do you receive TANF, SNAP, or Social Security Benefits? Yes.* No.

* If yes, attach proof of enrollment and skip to Section 10 of this form.

6. Work Information

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

2nd Job Title: _____ Company: _____
 Full Work Address: _____
 Work Phone: _____
 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 (Gross Income)	\$	Expenses	\$
Mine (wages/commission/tips)	\$ _____	Rent/Mortgage	\$ _____
Household Members	\$ _____	Groceries / Utilities	\$ _____
Unemployment Benefits	\$ _____	Maintenance/Child Support	\$ _____
Maintenance (alimony)	\$ _____	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. Submission

Do **not** file this application into your case. Submit to the Office of Dispute Resolution by:

Email: odrmediations@judicial.state.co.us

Fax: 303-218-9145

11. 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. Attach

You may have to provide the three previous month's bank statements and proof of income (like pay stubs). Don't attach original documents. You may wish to remove financial account and tax identification numbers.