□County Court □District Court □Denver Juvenile Court □Denver P	robate Court
Court Address:	
Plaintiff/Petitioner:	
v.	
Defendant/Co-Petitioner/Respondent:	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	Division Country on
FAX Number: Atty. Reg. #: INMATE MOTION REQU	Division Courtroom
FILE WITHOUT PREPAYMENT OF FILING/SERVICE FI	
Information to App	licant
 Any inmate who is allowed to proceed in a civil action as a poor pute filing fee and service of process fees previously paid by the C ◆ The Court will require an initial partial payment if the inmate how the Court will require continuous monthly payments equal inmate account until the filing fee and service of process fees 	ourt as follows: as ten dollars or more in his/her account. to 20% of the preceding month's deposit in the
I, respect without a prepayment of the following filing fees: □complaint □p□ service fees □other: as ground in my inmate account and have a meritorious claim.	fully move the Court for an order to proceed etition □answer □response □motion to modify unds that I do not have adequate funds available
All items must be fully completed.	Print or type neatly.
1. Information about the Applicant:	
Name:	Inmate/DOC #:
Name of Facility:	
Address:	
City: State: Zip Code:	
2. Amount of funds currently held in Inmate Account:	
Balance is \$ as of	(date).
Attached is a copy of my inmate account for six-months	
must be certified by an appropriate official at the detention	-
□ By checking this box, I am acknowledging I am filling in the blanks ar□ By checking this box, I am acknowledging that I have made a change	
Dy Checking this box, I am acknowledging that I have made a change	to the original content of this form.
I swear under penalty of perjury that all information provided	is true and complete.
Date:	
	re of Applicant