

Office of Dispute Resolution

Instructions to Request to Reduce Mediation Fees

Fees owed in relation to dispute resolution services are an obligation to another person or entity and so cannot be waived; however if the party is found to be indigent **and** there are funds available, fees may be reduced.

This program is available to indigent persons NOT represented by an attorney OR indigent persons represented by attorneys of, or obtained through, a legal service provider.

1. Fill Out JDF Form 211 (see below):

The applicant must fill out the form completely. **Incomplete forms are not processed.** This form can be obtained by calling 720-625-5940 or online at www.coloradoODR.org.

2. Required Documentation:

The applicant must attach recent verification of **all household income**. This includes income from all persons living in the home whether part of the case or not. Income verification includes the last six weeks of pay stubs or W-2's, earnings from spouse or other household members, parents' income, unemployment benefits, social security, retirement funds, maintenance/alimony income, or any other money that comes into the home. If the applicant is not working and is receiving public assistance or food stamps, the applicant must send recent verification. Please make sure there is a working phone number on the document, ODR will contact the parties should additional information be needed to qualify parties. **If we can't contact you, your request will not be processed and you will be denied.**

3. Include the Following:

Include case number and county of filing on the form. If the mediation is already scheduled, please include the date of the mediation and the mediator's name so that the determination is sent to the appropriate person.

4. Submit Application and Documentation

Fax to: ODR at 720-625-5987 or Email to: odrmmediations@judicial.state.co.us

Or Mail to: Office of Dispute Resolution
Attention: Financial
1300 Broadway, Suite 1200
Denver, CO 80203

5. Follow up

Allow five (5) business days for the application to be processed. If the applicant does not hear from this office within those five (5) business days with either a determination or request for additional information, **it is up to the party to contact our office** at 720-625-5940.

6. Other Important Information

Even if you are waiting for a response on your application, deposits must be received by the mediator no later than ten (10) days prior to the scheduled mediation to keep the scheduled mediation date. **Incomplete applications cannot be processed and are automatically denied.** If you have already qualified as indigent through this office, the court or another organization within the last 6 months, you may not need to submit Form JDF 211.

Basis of Determination

ODR has very limited grant money to provide reduced fee services, therefore ODR reserves the right to deny requests as needed. Determination of indigency is based on the household's gross monthly income, number of persons in the household, liquid assets, and what is considered poverty level as determined by the Health and Human Services Department.

All determinations by ODR are final.

<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: _____ Attorney or Party Without Attorney: (Name & Address) _____ Phone Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ <hr/> 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: _____		
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.