

Office of Dispute Resolution
Oficina para la resolución de controversias

Instructions to Request to Reduce Mediation Fees
Instrucciones para solicitar la reducción de los costos de los servicios de mediación

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.

Es obligatorio pagar los costos relacionados con los servicios para la resolución de controversias a otra persona o entidad por lo que no se puede exonerar su pago. Sin embargo, si se determina que la parte no cuenta con los medios económicos y hay fondos disponibles, se podrían reducir los costos.

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.

Este programa está disponible para aquellas personas que no cuenten con los medios económicos y que NO estén representadas por un abogado O BIEN, para aquellas personas que no cuenten con los medios económicos y que tengan abogado de un proveedor de servicios legales u obtenido por ese medio.

1. Fill Out [JDF 211](#):

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.

Complete el [Formulario 211](#):

El solicitante debe completar todo el formulario. No se procesarán formularios incompletos. Este formulario lo puede conseguir si llama al 720-625-5940 o en línea en 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.

Documentación requerida:

*El solicitante debe adjuntar verificación reciente de todos los ingresos del hogar. Esto incluye los ingresos de **todas las personas que vivan en el hogar** sean o no parte de la causa. La verificación de ingresos incluye las últimas seis semanas de talones de pago o W2, ingresos del cónyuge u otros miembros del hogar, ingresos de los padres, beneficios por desempleo, seguro social, fondos del jubilación, ingresos por manutención conyugal o infantil o cualquier otro ingreso que entre al hogar. Si el solicitante no trabaja y recibe asistencia pública o estampillas para alimentos, el solicitante debe enviar verificación reciente. Asegúrese de incluir un número telefónico que funcione, la Oficina de resolución de controversias (ODR, por sus siglas en inglés) se pondrá en contacto con las partes en caso de que se necesite información adicional para verificar que las partes reúnan los requisitos. **Si no nos podemos comunicar con usted, no se procesará su solicitud y se le denegará la misma.***

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.

Incluya lo siguiente:

Incluya en el formulario el número de causa y el condado en el que se presentó la demanda de divorcio. Si ya está programada la sesión de mediación, incluya la fecha de la mediación y el nombre del mediador a fin de que se envíe la determinación de su petición a la persona adecuada.

4. Submit Application and Documentation

Fax to: ODR at 303-218-9145 or Email to: odrmediations@judicial.state.co.us

Envíe la solicitud y documentación

Por fax a: ODR al 303-218-9145 o correo electrónico: odrmediations@judicial.state.co.us

Or Mail to: Office of Dispute Resolution

O envíe por correo a:

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.

Seguimiento

*Deje que transcurran cinco (5) días hábiles para que se procese la solicitud. Si el solicitante no recibe noticias de esta oficina dentro de ese periodo, ya sea por medio de una determinación o solicitud para enviar información adicional, **le corresponde a la parte comunicarse con nuestra oficina** al 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 [JDF 211](#).

Otra información importante

*Incluso si está esperando una respuesta de su solicitud, el mediador tiene que recibir los depósitos a más tardar diez (10) días antes de la mediación programada para conservar tal fecha de mediación. **No se procesarán solicitudes incompletas y se denegarán automáticamente.** Si en los últimos 6 meses por medio de esta oficina, el tribunal u otra organización ya se determinó que usted reúne los requisitos de indigente, tal vez no tenga que presentar el [Formulario 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.

Base para la determinación

La ODR tiene fondos limitados para subvenciones para dar servicios con costos reducidos, por lo tanto la ODR se reserva el derecho a denegar solicitudes como sea necesario. La determinación de indigencia se basa en el ingreso mensual bruto del hogar, la cantidad de personas que vive en la casa, los activos líquidos y lo que se considera como el nivel de pobreza según lo establecido por el Departamento de Salud y Servicios Humanos.

All determinations by ODR are final.

Todas las determinaciones hechas por la ODR son finales.

<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 FINANCIALAFFIDAVIT	

I, _____ respectfully Request to Reduce my payment for Office of Dispute Resolution Services and as grounds, state that I am without funds and 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, 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 Divorced 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/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 \$ _____
Checking Account Balance	\$ _____	Name/Address of Bank: _____	
		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 _____
		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 to make any necessary contacts to verify the information.

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.