

Office of Dispute Resolution (ODR)

Instructions to Request to Reduce Mediation Fees

Mediation fees cannot be waived. However, if you are found to be indigent **AND** grant funding is available, fees may be reduced.

This program is available to low-income/indigent persons that are **NOT** represented by a paid attorney.

Indigent persons represented by attorney who is working for free or are working at a lowered rate may still qualify.

Due to limited grant funding, ODR reserves the right to deny request as needed.

If you have already qualified as indigent through this office, or the court within the last 6 months, you may not need to submit the **4th J.D. REQUEST TO REDUCE PAYMENT FOR ODR SERVICES AND SUPPORTING FINANCIAL AFFIDAVIT**. Please feel free to check on your indigent status with our office before completing the application.

YOU MUST SUBMIT YOUR REQUEST NO LATER THAN 14 DAYS BEFORE YOUR MEDIATION APPOINTMENT!

Steps to submitting your request:

- 1. Fill Out the 4th J.D. REQUEST TO REDUCE PAYMENT FOR ODR SERVICES AND SUPPORTING FINANCIAL AFFIDAVIT:**
The applicant must fill out the form completely. **Incomplete forms are not processed** and will be automatically denied. This form can be obtained by calling 719-452-5005, online <https://www.courts.state.co.us/> or by emailing 04JDMediation@judicial.state.co.us.
- 2. Required Documentation:**
 - *You must attach recent proof of all household income. If we do not receive recent/up to date documentation of your household income, your request will not be processed, and you will be denied.
 - *Proof of income includes, income from all adults living in the home. It does not matter if they are part of the case or not.
 - *The type of proof required will include the last six weeks of pay stubs or the most recent W-2 form.
 - *You will also have to include any proof of earnings from your spouse or other household members—for example: parents'/family members that you are living with and are not paying rent to them.
 - *Other sources of income you will need to provide proof for: unemployment benefits, social security, retirement funds, maintenance/alimony or any other money that comes into the home.
 - *If you are not working and/or you are receiving public assistance or food stamps, you must send the most recent letter or statement proving you are receiving assistance.
 - *Please make sure there is a working phone number on the document; ODR will contact you by this phone number to inform you about the status of your application.
- 3. Include the Following:**
Include case number and county of filing on the form.
- 4. Submit Application and Documentation**
Fax to: ODR at 719-452-5046 or email to 04JDMediation@judicial.state.co.us

Mail or bring to: El Paso County Combined Court
4th Judicial District ODR Program (Mediation)
270 S. Tejon, B-23
Colorado Springs, CO 80903
- 5. Follow up**
Allow four (4) business days for your application to be processed. If you do not hear from us within four (4) business days, **it is up to you to contact our office** at 719-452-5005 or 04JDMediation@judicial.state.co.us.
- 6. Response to your request.**
It does not matter if you are waiting for a response on your application, payment must be made to the mediator no later than ten (10) calendar days prior to your scheduled mediation. Failure to do so may cause your appointment to be canceled and you may be held responsible for cancellation fees.

All determinations are final.

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.

Key Terms:

A. Gross Monthly Income. Includes income from all members of the household who contributes money 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.

♦ **Income categories also include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

Note: Income from roommates should not be considered if such income is not combined in bank accounts or otherwise combined with your income in a way which would allow you the sole rights to the roommate's income.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could quickly be sold and turned into cash without jeopardizing your ability to maintain home and employment.

Expenses: Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.

All determinations 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: _____ Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ Name of Attorney if Applicable: _____ Phone Number: _____ Atty. Reg. #: _____ <small>Note: If you have an Attorney representing you, you may not qualify for this grant.</small>	▲ COURT USE ONLY ▲ Case Number: _____ Courtroom: _____
REQUEST TO: REDUCE PAYMENT FOR MEDIATION SERVICES AND SUPPORTING FINANCIAL AFFIDAVIT	

I, _____ respectfully Request to Reduce my payment for Mediation Services and as grounds, state that I am without funds and/or have no adequate funds available and/or have a valid claim to be considered for the reduced fee. If reduced, my mediation fee will be \$15 per hour.

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 _____
email address _____		
Primary Phone #: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Social security # _____	Driver's Lic. # & State _____	Date of Birth _____
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hour per week: ___ I am paid (total before taxes or any other deduction: \$ _____ every <input type="checkbox"/> Week <input type="checkbox"/> two weeks <input type="checkbox"/> Month		
Name of Other People Responsible for Household Expenses (Spouse, Parent, or Other Adult members <u>currently</u> living in Household) (This does not necessarily mean the other party on the case)		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City _____	State _____	Zip Code _____
Social Security # _____	Driver's Lic. # & State _____	Date of Birth _____
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hour per week: ___ He/she is paid (total before taxes or any other deduction: \$ _____ every <input type="checkbox"/> Week <input type="checkbox"/> two weeks <input type="checkbox"/> Month		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Members of your Household: (including yourself) _____		

Identify Other Members:			
Name	Age	Relationship	
Name	Age	Relationship	
Name	Age	Relationship	
Monthly Income before deductions		Monthly Expenses	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Other Household Members	\$	Groceries	\$
Parents or Family Members (if same household and not paying rent)	\$	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: _____	
Savings Account Balance	\$	Name/Address of Bank: _____	
Stocks, Bonds, or other Investments Held Balance	\$	_____	_____
		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: _____