

<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.