❑Supreme Court ❑Court of Appeals ❑Denver Juvenile Court ❑Denver Probate Court
❑County Court ❑District Court El Paso County, Colorado
Court Address: 270 S. Tejon St.
Colorado Springs, CO 80903

Plaintiff/Petitioner: _____
v.
Defendant/Respondent: _____

Attorney or Party Without Attorney: (Name & Address)

Phone Number:
Atty. Reg. #:

▲ **COURT USE ONLY** ▲

Case Number:
Courtroom:

MOTION TO: ❑FILE WITHOUT PAYMENT OF FILING FEE ❑ WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT

I, _____ respectfully move the Court for an order to waive the following filing fee(s): ❑complaint ❑petition ❑answer ❑response ❑motion to modify ❑other: _____ 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

❑**Own** ❑**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: $ _____ ❑Weekly ❑Bi-weekly ❑Monthly ❑Annual ❑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

❑**Own** ❑**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: $ _____ ❑Weekly ❑Bi-weekly ❑Monthly ❑Annual ❑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 and/or Child Support	$
Maintenance/Alimony	$	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, cash 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 Balance	$	_____ _____ Type of Investment Name/Location of Company/Corporation _____ _____	
Vehicles Owned (Autos, boats, recreational s, 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 to make any necessary contacts to verify the information.

Signature: _____ Date: _____

MOTION TO FILE WITHOUT PAYMENT SUPPORTING FINANCIAL AFFIDAVIT, AND SUPPORTING DOCUMENTATION REQUESTED

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.

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.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **DO NOT provide originals.**

County Court ❑District Court ❑Denver Juvenile Court ❑Denver Probate Court _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent/Co-Petitioner:	▲ ▲ **COURT USE ONLY** Case Number: Division Courtroom

FINDING AND ORDER CONCERNING PAYMENT OF FILING FEES

Name of Party filing Motion: on

Upon review of the attached Motion, the above party is:

❑ Eligible to proceed without payment of the following filing fee(s):
❑complaint ❑petition ❑answer
❑response ❑motion to modify ❑other: _____

❑ Eligible to have the filing fee of $_____ paid in ❑two ❑three payments, with the first payment due by_____(date) and the final payment due by_____(date).

❑ Not Eligible to proceed. Party is responsible for payment of the filing fees.

Date: _____ _____
Signature of Eligibility Investigator, Clerk of Court, Judge/Magistrate

ORDER

The Court has reviewed the Motion (JDF 205) and so orders:

❑ As indicated above.

❑ The specified party is ordered to pay $_____ by _____ (Date) to cover filing fees.

❑ Other _____

❑ If the Court finds that by allowing a party to proceed with a payment plan, the party has agreed to pay the fee as listed above. Failure to pay will result in collection against the party. Costs associated with collection will be assessed.

A subsequent motion to proceed without payment of filing fees must be filed upon order of the court or anytime the case is re-opened. Pursuant to §13-16-103, C.R.S., in the event the party who receives a waiver of costs prosecutes or defends an action or proceeding successfully, there shall be a judgment entered in his/her favor in the amount of the court costs and the party shall, upon collecting such court costs, remit them to the Court.

❑ The Court orders the appointment of counsel for appeal purposes.

Date: _____ _____
❑Judge ❑Magistrate