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| Fee Waiver Application | MIFP**COURT USE ONLY** |
| El Paso County Combined Court – 270 S Tejon St, Colorado Springs, CO 80903  **Parties**  Petitioner *(Name of person who started this legal case):*    Respondent *(Other person in this case):*    Your Lawyer *(if you have a legal aid type lawyer for this case, ask them to fill out this form):*  Lawyer’s Tel. #: Atty. Reg. #: |
| Case Number:  Courtroom: |

When you file this form you agree that the court may check your information. You also agree to give the court more financial information, such as bank statements and pay stubs for the last 3 months, if requested.

**I declare:**

* I am the *(check one):* ⬜ Petitioner ⬜ Respondent ⬜ Plaintiff ⬜ Defendant ⬜ Other
* I am *(check one):* ⬜ Single ⬜ Married / Civil Union ⬜ Divorced / Civil Union Ended   
   ⬜ Separated ⬜ Widowed
* I cannot afford to pay the fee to file my *(check one):* ⬜ Complaint ⬜ Petition ⬜ Answer ⬜ Response

⬜ Jury Demand ⬜ Motion to Modify ⬜ Other *(describe):*

* I cannot afford the fee because I do not have enough cash, money in my checking or savings account, or other funds.

**Your Information**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*first middle last*

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Phone: Email:

*mm–dd-yyyy*

Current Street Address: Apt. #

City: State: Zip:

Do yourequire an **interpreter**? ⬜ Yes ⬜ No ⬜ Language*:*

Do you **own** or **rent** your home? ⬜ Own ⬜ Rent ⬜ Other *(explain):*

Do you have a job now? ⬜ Yes ⬜ No

If ***No,*** list date of your last paycheck: *(mm–dd–yyyy):*  If ***Yes,*** fill out grey box below.

Employer or Company Name:

Address: Phone:

Your first day of work *(mm–dd-yyyy):*  About how many hours do you work each week?

Your pay is about: $ ⬜ hour ⬜ day ⬜ week ⬜ month

You get paid: ⬜ every week ⬜ every 2 weeks ⬜ once a month

**Information** **about any other member of your household who pays part of the bills:**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*first middle last*

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Does this person **own** or **rent** a home? ⬜ Own ⬜ Rent ⬜ Other *(explain):*

*mm–dd-yyyy*

Does this person have a job now? ⬜ Yes ⬜ No

If ***No,*** list date of the last paycheck: *(mm–dd–yyyy):*  If ***Yes,*** fill out grey box below.

Employer or Company Name:

Address: Phone:

First day of work *(mm–dd-yyyy):*  About how many hours does this person work each week?

Pay is about: $ ⬜ hour ⬜ day ⬜ week ⬜ month

Gets paid: ⬜ every week ⬜ every 2 weeks ⬜ once a month

**Who Lives in Your Home?** Including you, how **many** people live in your home? (total from box below) \_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of other people in your home** | **Age** | **Relationship to You** | **Dependent on you?** |
| **You**: |  | ***Self*** | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |

**Household** Income ***Before* Taxes:**

List **all** income from **everyone** in your household who pays part of the household bills.

*Exception:* Do **NOT** list:

* TANF payments • Child support payments
* Food Stamps • Subsidized housing assistance
* Veteran’s disability benefits • Income from roommates, unless you share a bank
* Other public assistance programs account or they deposit a check into your account

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| --- | --- | --- | --- |
| **Monthly Income *Before* Taxes** | | **Monthly Expenses**  Do **not** include optional expenses, like cable TV, club memberships, eating out, alcohol or cigarettes, etc. | |
| 1. Your wages + salary + commission *(Look at recent checks or paystubs)* | $ | a. Rent or Mortgage | $ |
| 1. Your Unemployment Benefits | $ | b. Groceries (Do NOT include Food Stamps) | $ |
| 1. Your Social Security or Retirement Funds | $ | c. Utilities | $ |
| 1. Maintenance or Alimony you **receive** | $ | e. Child Support or Alimony that you **pay** | $ |
| 1. Other Income *(describe):* | $ | f. Medical and Dental costs | $ |
| 1. Other Income *(describe):* | $ | g. Car / Transportation costs (including insurance) | $ |
| 1. Income of all **others** in the home who pay bills | $ | h. Other costs *(describe): \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | $ |
| **Total Income** | **$** | **Total Expenses** | **$** |
| If your ***Total Income*** is less than your ***Total Expenses***, explain how you pay your bills: | | | |
|  |  |  |  |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assets – What You Own** | | | **Debts – What You Owe** | |
| Cash in your wallet and at home | $ | | **Credit Cards / Installment Payments** | |
| Financial accounts (List bank names & amount in each account) | | | Paid to | How much? |
| Checking | $ | |  | $ |
| Savings | $ | |  | $ |
|  | $ | |  | $ |
|  | How much you could sell it for | How much you still owe |  |  |
| House(s) or other real property | $ | $ | List other facts about your financial situation that you want the court to know, such as unusual medical expenses, family emergencies, etc. | |
| Cars, boats, RVs, and other vehicles  List Make / Year | $ | $ |
| Stocks, bonds, jewelry, other investments | $ | $ |

I declare under penalty of perjury under Colorado law that the information I have provided above is true and correct.

Your Signature Date

Lawyer’s Name and Signature (if you have one) Date