



**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of this Response was served on the other party by:

☐ Hand Delivery ☐ E-filed ☐ Faxed to this number \_\_\_\_\_ or

☐ by placing it in the United States mail, postage pre-paid, and addressed to the following: \_\_\_\_\_

---

\_\_\_\_\_  
\*Your Signature

<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: _____  <hr/> Attorney or Party Without Attorney: (Name & Address) _____  <hr/> Phone Number: _____ Atty. Reg. #: _____	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <b>▲ COURT USE ONLY ▲</b> </div> <hr/> Case Number: _____ Courtroom: _____
<b>MOTION TO: <input type="checkbox"/> FILE WITHOUT PAYMENT OF FILING FEE <input type="checkbox"/> WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT</b>	

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 _____
<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: \$ \_\_\_\_\_ ☐ 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)	\$ _____
<b>Total Income</b>	\$ _____	<b>Total Expenses</b>	\$ _____
<b>Cash on Hand</b> (Cash you are carrying or which is stored at home, etc.)	\$ _____	<b>Credit Cards:</b> (Show type and balance owed)	
		Type: _____ Balance \$ _____	
		Type: _____ Balance \$ _____	
Checking Account Balance	\$ _____	Name/Address of Bank: _____	
Savings Account Balance	\$ _____	Name/Address of Bank: _____	
<b>Stocks, Bonds, or other Investments Held Balance</b>	\$ _____	Type of Investment _____ Name/Location of Company/Corporation _____ _____	
<b>Vehicles Owned</b> (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$ _____	Year _____ Model _____ License Plate _____ Year _____ Model _____ License Plate _____	
<b>House(s) or other Property</b> 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 <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ Plaintiff/Petitioner: _____ v. _____ Defendant/Respondent/Co-Petitioner: _____	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>▲</span> <span>▲</span> </div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> <b>COURT USE ONLY</b> </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div>Case Number: _____</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div>Division _____</div> <div>Courtroom _____</div> </div>
<b>FINDING AND ORDER CONCERNING PAYMENT OF FILING FEES</b>	

Name of Party filing Motion: \_\_\_\_\_ on \_\_\_\_\_ (Date).

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

- ☐ Eligible to proceed without payment of the following filing fee(s):
- |                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> complaint | <input type="checkbox"/> petition         | <input type="checkbox"/> answer       |
| <input type="checkbox"/> response  | <input type="checkbox"/> motion to modify | <input type="checkbox"/> 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 \_\_\_\_\_

**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.

Date: \_\_\_\_\_

\_\_\_\_\_  
☐ Judge ☐ Magistrate