

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ _____ <input type="checkbox"/> In re the Marriage of: <input type="checkbox"/> In re the Civil Union of: <input type="checkbox"/> In the Interest of: <input type="checkbox"/> in re Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
DOMESTIC CASE INFORMATION SHEET	

Full name of Petitioner: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Full name of Co-Petitioner/Respondent: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

☐ The Petitioner is planning to be self-represented.

☐ The Co-Petitioner/Respondent is planning to be self-represented.

☐ Both you and the other party have retained an attorney.

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Printed name of Petitioner or Co-Petitioner/Respondent

Signature of Petitioner or Co-Petitioner/Respondent

Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
Case Number: _____ Division _____ Courtroom _____		
PETITION FOR ALLOCATION OF PARENTAL RESPONSIBILITIES		

This Petition seeks allocation of parental responsibilities including decision-making responsibilities and parenting time for the minor child(ren), establishment of a child support order, and any other orders necessary to effectuate the best interests of the children pursuant to §14-10-123, C.R.S. and states:

1. Information about Petitioner:

Check if in Military ☐

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____ Apt. # _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____

Petitioner has the following relationship with the minor child(ren):

- ☐ child(ren)'s mother
☐ child(ren)'s father
☐ non-parent, and the child(ren) is/are not in the physical custody of one of the parents
☐ non-parent, who has had physical custody of the child(ren) for 182 days or more, and the physical custody did not end more than 182 days before the filing of this action
☐ other (please specify): _____

2. Information about Co-Petitioner/Respondent:

Check if in Military ☐

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____ Apt. # _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____

Co-Petitioner/Respondent has the following relationship with the minor child(ren):

- ☐ child(ren)'s mother
☐ child(ren)'s father
☐ non-parent, and the child(ren) is/are not in the physical custody of one of the parents
☐ non-parent, who has had physical custody of the child(ren) for 182 days or more, and the physical custody did not end more than 182 days before the filing of this action
☐ other (please specify): _____

3. The minor child(ren) is/are:

Full Name of Child	Present Address	Sex	Date of Birth

- 4. The child(ren) listed above have lived in Colorado for a minimum of six months prior to the filing of this Petition or since birth if under six months of age?** ☐ **No** ☐ **Yes** If **No**, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

- 5. Identify below the name and address of each person that the child(ren) has/have lived with over the past five years. Please identify the relationship to the child(ren).**

Name	Address (City/State/Zip Code)	Time Period (Month/Year)	Type of Relationship to Child(ren)

- 6. I/We understand that a request by either party for genetic testing shall not prejudice the requesting party in the allocation of parental responsibilities.**
- 7. Each party has a continuing duty to inform the Court of any proceeding(s) in this or any other state that could affect the current proceeding.**
- 8. I/We understand that the Court may review any case involving the children, Petitioner, Co-Petitioner/ Respondent and other parties named in this Petition that have been filed in any Court.**
- 9. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning issues of custody/allocation of decision-making, or visitation/parenting time with the child(ren). Identify name of court, case number, state, date and type of proceeding.**

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

- 10. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage or Civil Union, Legal Separation (Marriage or Civil Union), enforcement of Court orders, domestic violence or domestic abuse, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date and type of proceeding.**

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

11. The following people are not parties in this matter but have physical custody of the child(ren) or claim rights of parental responsibilities with the child(ren). Identify name and address of those persons.

Name of Person	Address (City/State & Zip Code)

12. The best interests of the child(ren) would be served by allocating parental responsibilities to the Petitioner(s) as follows and for the following reasons:

13. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. ☐ No ☐ Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

14. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining (MRO) Orders or Emergency Protection Orders been issued against either party by any Court within two years prior to the filing of this Petition?

☐ No ☐ Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was ☐ Temporary ☐ Permanent ☐ MRO and issued against

_____ in a ☐ Municipal Court ☐ County Court ☐ District Court in the
County of _____, State of _____, in case number _____ on
_____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

Notice of Existing Case with Child Support Enforcement (CSE) The parents have filed a case with CSE?

☐ **No** ☐ **Yes** If **Yes**, identify the case number: _____

Notice: Colorado Revised Statutes §14-10-123, provides that upon the filing of a Petition for Allocation of Parental Responsibilities by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Order is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded automatic temporary injunction, or modification or revocation under §14-10-125, C.R.S.

1. **Both parties are enjoined from molesting or disturbing the peace of the other party; and**
2. **Both parties are restrained from removing the minor child(ren) from the state without the consent of all parties or an Order of the Court modifying the injunction; and**
3. **Both parties are restrained, without at least 14 days advance notification and the written consent of all other parties or an Order of the Court, from cancelling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance or life insurance that provides coverage to the minor child(ren) as a beneficiary of a policy.**

Petitioner and Co-Petitioner, if any, acknowledge that he or she has received a copy of, has read, and understands the terms of the automatic temporary injunction set forth in this Petition.

I/We seek an order granting the allocation of parental responsibilities, the establishment of child support, and any other orders necessary to effectuate the best interests of the child(ren).

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(printed name of Petitioner)

(Signature of Petitioner)

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Co-Petitioner/Respondent)

(Signature of Co-Petitioner/Respondent)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the Parental Responsibilities concerning: _____ Petitioner(s): _____ and Co-Petitioner/Respondent(s): _____	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">▲ COURT USE ONLY ▲</div> Case Number: _____ Division _____ Courtroom _____
ORDER FOR ALLOCATION OF PARENTAL RESPONSIBILITIES	

This matter was heard on _____ (date).

Petitioner	<input type="checkbox"/> Co-Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Appeared in person <input type="checkbox"/> Did not appear	<input type="checkbox"/> Appeared in person <input type="checkbox"/> Did not appear
<input type="checkbox"/> Participated by absentee testimony	<input type="checkbox"/> Participated by absentee testimony
<input type="checkbox"/> Was represented by an attorney Attorney Name: _____	<input type="checkbox"/> Was represented by an attorney Attorney Name: _____

The Court has examined the records and evidence presented and has heard the testimony and statements of the parties and makes the following Findings:

1. The Court has jurisdiction over the Petitioner and the minor children.

2. The Court ☐ does ☐ does not have jurisdiction over the Co-Petitioner/Respondent.
 - ☐ The Respondent was served in _____ (name of state) on _____ (date).
 - ☐ The Respondent signed an Acceptance and Waiver of Service on _____ (date).
 - ☐ The child(ren) was/were conceived in Colorado.
 - ☐ The Respondent was served by publication on _____ (date) pursuant to §14-10-107(4)(a), C.R.S. and/or §14-13-108, C.R.S. if the Respondent does not reside in Colorado.
 - ☐ Other jurisdiction _____.

3. The Petitioner is the biological ☐ Mother ☐ Father ☐ Grandparent ☐ Other _____ of the minor children.

4. The Co-Petitioner/Respondent is the biological ☐ Mother ☐ Father ☐ Grandparent ☐ Other _____ of the minor child(ren).

5. The following minor child(ren) is/are:

Full Name of Child	Present Address	Sex	Date of Birth

The Court based on these Findings, Orders as follows:

1. The ☐ Parenting Plan (JDF 1113), ☐ Signed Stipulation filed on _____ (date), or ☐ Mediation Agreement filed on _____ (date) is found to be in the best interest of the child(ren) and is incorporated into and made a part of this Order.

or

2. ☐ The Court finds that it is in the best interest of the child(ren) to allocate decision-making responsibilities as follows:

- ☐ _____ (name of party) shall have sole decision-making responsibilities.
☐ The parties shall jointly share decision-making responsibilities.
☐ Other as set forth in "Additional Court Orders" - Section 12 below.

3. ☐ Parenting time as set forth below is found to be in the best interest of the child(ren) and is ordered as follows:

4. ☐ Child Support shall be per the ☐ Support Order (JDF 1117), ☐ Parenting Plan, or another ☐ Order issued on _____ (date) and is incorporated into and made part of this Order.

or

5. ☐ Child Support shall be as follows:

- a. The ☐ Petitioner ☐ Co-Petitioner/Respondent shall pay child support to the ☐ Petitioner ☐ Co-Petitioner/Respondent ☐ Other Party: _____ in the amount of \$_____ per month.
- b. Payments shall be paid ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly ☐ other: _____ and shall continue until the children reach the age of 19 or are emancipated at an earlier age, or the Court modifies child support.
- c. The first payment is due on _____ (date).
- d. Child support payments shall continue until further Order of the Court. Payments shall be mailed to: ☐ Family Support Registry P. O. Box 2171, Denver, CO 80201-2171.

or

☐ Child Support shall be paid directly to ☐ Petitioner ☐ Co-Petitioner/Respondent ☐ Other Party.

☐ The Court Orders the immediate activation of an Income Assignment against the Obligor pursuant to §14-14-111.5, C.R.S. The Income Assignment shall be paid per section 5d above.

or

☐ This Order is not subject to the immediate activation of an Income Assignment because either:

☐ Both parties have entered into a written agreement, however if a payment is missed, a wage assignment will be established.

☐ The Court finds there is good cause not to require the immediate activation of an Income Assignment because:

6. ☐ Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of Pocket Medical Expenses shall be paid per the Parenting Plan or another Order issued on _____ (date) and is incorporated into and made a part of this Order.

or

7. ☐ The Court orders the ☐ Petitioner or ☐ Co-Petitioner/Respondent to provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for: _____. Coverage shall be provided pursuant to Policy Number: _____, Name of Insurer: _____, Address of Insurer: _____.

8. ☐ The Court finds _____ insurance is currently not available to either party at a reasonable cost and does not order either party to provide coverage for the children at this time, but does order the parties to provide coverage when it becomes available at a reasonable cost.

9. ☐ The Dependency Exemption shall be per the Parenting Plan and is incorporated into and made a part of this Order.

or

10. ☐ The Dependency Exemption shall be as follows: _____

11. ☐ A Protection/Restraining Order was issued on _____ (date). The Protection/Restraining Order is:

☐ Vacated.

☐ Continued to _____ (date) pursuant to §13-14-106(1)(c), C.R.S.

☐ No changes have been made to the existing Protection/Restraining Order.

☐ Changes have been made to the existing Protection/Restraining Order, as follows:

If the Protection Order has been modified, the party requesting the modification must serve a copy of the modified Temporary or Permanent Protection Order, as applicable, on the other party.

12. ☐ Additional Court Orders are as follows:

Date: _____

☐ District Court Judge ☐ District Court Magistrate

CERTIFICATE OF MAILING

I certify that on _____ (date), I mailed, faxed, e-filed, or hand-delivered a copy of this Order to the following:

- ☐ Petitioner
- ☐ Petitioner's Attorney
- ☐ Co-Petitioner/Respondent
- ☐ Co-Petitioner/Respondent's Attorney
- ☐ Child Support Enforcement Unit

Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the Parental Responsibilities concerning: _____ Petitioner: _____ and Respondent: _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
Case Number: _____ Division _____ Courtroom _____		
SUMMONS FOR ALLOCATION OF PARENTAL RESPONSIBILITIES		

To the Respondent named above this Summons serves as a notice to appear in this case.

If you were served in the State of Colorado, **you must file** your Response with the clerk of this Court within 21 days after this Summons is served on you to participate in this action.

If you were served outside of the State of Colorado or you were served by publication, **you must file** your Response with the clerk of this Court within 35 days after this Summons is served on you to participate in this action.

You may be required to pay a filing fee with your Response. The Response form (JDF 1420) can be found at www.courts.state.co.us by clicking on the "Self Help/Forms" tab.

The Petition requests that the Court enter a Order addressing issues involving the children such as, child support, allocation of parental responsibilities, (decision-making and parenting time), attorney fees, and costs to the extent the Court has jurisdiction.

Notice: Colorado Revised Statutes §14-10-123, provides that upon the filing of a Petition for Allocation of Parental Responsibilities by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Order is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded automatic temporary injunction, or modification or revocation under §14-10-125, C.R.S.

A request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final order, the genetic tests may not be allowed into evidence at a later date.

Automatic Temporary Injunction – By Order of Colorado law, you and the other parties:

1. **Are enjoined from molesting or disturbing the peace of the other party; and**
2. **Are restrained from removing the minor child(ren) from the state without the consent of all parties or an Order of the Court modifying the injunction; and**
3. **Are restrained, without at least 14 days advance notification and the written consent of all other parties or an Order of the Court, from cancelling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance or life insurance that provides coverage to the minor child(ren) as a beneficiary of a policy.**

If you fail to file a Response in this case, any or all of the matters above, or any related matters which come before this Court, may be decided without further notice to you.

Date: _____

☐ Signature of the Clerk of Court/Deputy

☐ Signature of the Attorney for the Petitioner (if any)

<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) _____ <hr/> Phone Number: _____ Atty. Reg. #: _____	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> ▲ COURT USE ONLY ▲ </div> <hr/> Case Number: _____ Courtroom: _____
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	

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
_____	_____	_____
_____	_____	_____

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 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 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="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> COURT USE ONLY </div> Case Number: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Division _____ Courtroom _____ </div>
FINDING AND ORDER CONCERNING PAYMENT OF FILING FEES	

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