

<p>_____ County/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff: _____,</p> <p>v.</p> <p>Defendant: _____.</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>County Court Case</p> <p>Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p> <p>Appeal/District Court Case</p> <p>Number: _____</p>
<p>Motion to Set the Appeal Bond</p>	

I respectfully request the County Court to:

I am the Defendant in the case. Please set the bond at \$ _____.

This is the amount of the Judgment, including costs and fees. C.A.R. 411(a). OR;

I am the Plaintiff in the case. Please set the bond at \$158, which is the amount of the appellee's filing fee. C.R.C.P. 411; C.R.S. § 13-32-101(1)(f). OR;

Please waive the appeal bond. I am asking that the Appeal Bond be waived because I am indigent. *Bell v. Simpson*, 918 P.2d 1123 (Colo. 1996); *O'Donnell v. State Farm. Mut. Auto. Ins. Co.*, 186 P.3d 46 (Colo. 2008). I understand that if the appeal bond is waived, then any Judgment may be enforced while the case is on appeal. *Id.* Please see the attached financial affidavit for proof of indigence.

Dated: _____

Respectfully submitted,

Signature: _____

Print Name: _____

Certificate of Service

I certify that on (date) _____ an original Motion to Set the Appeal Bond was filed with the county court and a copy, along with any attachments, was sent to the following parties:

Counsel (Or party if without counsel): By Mail OR In Person

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

List the other parties served, their address, and how service was made:

Signature: _____

Print Name: _____

_____ County/Combined Court Street Address: _____ City: _____ State: _____ Zip: _____	
In the Case of: Plaintiff: _____, v. Defendant: _____	▲ FOR COURT USE ▲ _____ County Court Case Number: _____
Filing Party Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Courtroom: _____ Division: _____ Appeal/District Court Case Number: _____
Order re Appeal Bond	

The Court has reviewed the Motion to Set the Appeal Bond and orders as follows:

The Appeal Bond is set at \$ _____, and must be posted with the clerk's office no later than _____.

Once the bond is posted, the final orders are stayed for the duration of the appeal.

The Appeal Bond is waived. Any judgment in this case may be enforced while the case is on appeal.

Dated: _____

Signature: _____

County Court Judge/Magistrate

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ <hr/> Name: _____ Address: _____ Phone Number: _____ E-Mail: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Courtroom: _____
Financial Affidavit in Support of Motion to Waive Appeal Bond	

I respectfully move the Court for a determination of indigence.

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)	\$ _____
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.**