

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff/Petitioner: _____,</p> <p>v.</p> <p>Defendant/Respondent:</p> <p>_____</p> <p>_____.</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>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Motion to Waive Appeal Cost Bond</p>	

I respectfully ask the court to waive the \$250 appeal cost bond as required by Colorado Appellate Rule (C.A.R.) 7. Please see the concurrently filed financial affidavit in the Motion to Waive Fees for proof of indigence.

Dated: _____

Respectfully submitted,

Signature: _____

Print Name: _____

Certificate of Service

I certify that on (date) _____ an original Motion to Waive Appeal Cost Bond was filed with the District 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: _____

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff/Petitioner: _____,</p> <p>v.</p> <p>Defendant/Respondent:</p> <p>_____</p> <p>_____.</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Order Waiving the Appeal Cost Bond</p>	

Upon review of the Motion to Waive the Appeal Cost Bond, the court finds and orders:

Dated: _____ Signature: _____