

JDF 205

**Motion to Waive Fees**  
**申请费用豁免**



1. Case Number: \_\_\_\_\_  
案件编号: \_\_\_\_\_

2. Case filed in: (county) \_\_\_\_\_  
案件提交地: (县) \_\_\_\_\_

Clerk's Event Code: MIFP  
书记员事件代码: MIFP

**3. Background**  
**背景**

I request that court fees be waived under C.R.S. § 13-16-103 and C.J.D. 98-01.

本人根据《科罗拉多州修订法规》第13-16-103条及第98-01号首席法官指令(C.J.D.)，请求豁免本案的诉讼费。

**This form is not for everyone:**

此表格并非适用于所有人:

- If you are incarcerated, use form JDF 201 instead.  
如果您正在服刑，请填写 JDF 201 表格。

**4. My Information**  
**本人信息**

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

法定全名: \_\_\_\_\_

Do you need an interpreter?  No.  Yes, in (language) \_\_\_\_\_

您是否需要口译服务? 不需要。 需要，译为: (语言) \_\_\_\_\_

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_

出生日期: (日/月/年) \_\_\_\_\_

Social Status:  Single.  Married/Civil Union.  Divorced.  Separated.  Widowed.

婚姻状况:  未婚。  已婚/民事结合。  离异。  分居。  丧偶。

Mailing Address: \_\_\_\_\_

邮寄地址: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

市: \_\_\_\_\_ 州: \_\_\_\_\_ 邮编: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

电话: \_\_\_\_\_ 电子邮箱: \_\_\_\_\_

**5. Fees Waived**

**豁免的费用：**

If the Court determines you qualify (*found indigent*), the following fees may be waived:

如果法院判定您符合条件（认定为无力支付），以下费用可能会被豁免：

- Filing Fees.                      • Reasonable Copy Fees.                      • Jury Fees.
- 申请费。                              • 合理的复印费。                              • 陪审团费。
- eFiling and eService Fees (*when available*).                      • Form and Instruction fees.
- 线上申请费和线上服务费（如提供）。                              • 表格和指导费。

If checked, please also waive: \_\_\_\_\_

若勾选，请同样豁免： \_\_\_\_\_

**Note:** The Court can only waive its fees. Outside fees, like transcript costs, can't be waived.

**注：** 法院只能豁免其本身收取的诉讼费。 外部费用，如转录费用，无法豁免。

**6. Automatic Qualification**

**自动资格认定**

Are you enrolled in one of these programs?       No. [Go to Section 7]

您是否参加了以下任一计划？                      否。 [前往第7部分]

Yes: (check all that apply)

是：（请勾选所有适用项）

Aid to the Blind Colorado

科罗拉多州盲人援助计划

Temporary Aid for Needy Families (TANF)

贫困家庭临时援助计划 (TANF)

Old Age Pension - A and B

养老金计划 - A 和 B 部分

Supp. Nutrition Assistance Program (SNAP)

补充营养援助计划 (SNAP)

Supp. Security Income (SSI)

社会安全生活补助金计划 (SSI)

Aid to the Needy and Disabled (AND)

贫困残障人士援助计划 (AND)

Then, leave Sections 7 through 10 blank. [Skip to Section 11]

请将第7部分至第10部分留空。 [直接跳至第11部分]

**7. Home and Work**

**住所与工作**

Do you own or rent your home?     Own     Rent     Other: \_\_\_\_\_

您的房子是自己的还是租的？     自己的     租的     其他： \_\_\_\_\_

Do you have a job now?  No.  Yes.

您现在有工作吗? 没有。 有。

If No, List the date of your last paycheck: (mm/dd/yyyy) \_\_\_\_\_

如果没有, 请列出您最后一次收到薪水的日期: (月/日/年) \_\_\_\_\_

If Yes, My pay rate is: \$ \_\_\_\_\_ per  Hour  Month.

如果有, 我的薪资是: (美元) \_\_\_\_\_ 每 小时 月。

How often do you get paid? (examples: monthly, weekly) \_\_\_\_\_

您多久领一次薪水? (例如: 每月、每周) \_\_\_\_\_

## 8. Household

### 家庭成员

How many people live in your home? (include yourself) \_\_\_\_\_

您的家里共有几口人? (包括您自己) \_\_\_\_\_

Name 姓名	Age 年龄	Relationship to You 与您的关系	Are They Financially Dependent on You? 他们在经济上是否依赖您?
			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否

## 9. Household Income and Expenses

### 家庭收入与支出

Monthly Income 月收入	\$ Amount 金额 (美元)	Monthly Expenses 月支出	\$ Amount 金额 (美元)
a. Mine (wages/commission/tips) 本人 (工资/佣金/小费)		a. Rent/Mortgage 租金或按揭贷款	
b. Of household members 家庭成员		b. Groceries (above food stamps) 食品杂货 (超过食品券)	
c. Unemployment benefits 失业救济金		c. Utilities 水电煤气费	
d. From your retirement funds 退休金		d. Child/Spousal support you pay 您支付的子女/配偶赡养费	
e. Spousal Support you get 您获得的配偶赡养费		e. Medical and dental costs 医疗和牙科费用	

Monthly Income 月收入	\$ Amount 金额 (美元)	Monthly Expenses 月支出	\$ Amount 金额 (美元)
f. Other: 其他:		f. Transport costs (car, insurance) 交通费用 (汽车、保险)	
g. Other: 其他:		g. Student loans and credit cards 学生贷款和信用卡费用	
<b>Total Monthly Income</b> 月收入总额		<b>Total Monthly Expenses</b> 月支出总额	

#### What Not to Include

##### 不应包含的项目

- Don't include child support, TANF, VA benefits, or food stamps as income.  
请勿将子女抚养费、TANF、退伍军人津贴或食品券计入收入。
- Don't include roommates' income.  
请勿计入室友的收入。
- Exclude roommates' share of the bills in monthly expenses.  
月支出不应包含室友分摊的账单。

*Roommate Exception:* If you share bank accounts or comingle funds.

室友例外情况：如果您与室友共用银行账户或合并资金。

How do you pay the bills **if** your income is less than your expenses?

如果您的收入低于支出，您如何支付账单？

---



---



---

## 10. Household Assets

### 家庭资产

Accounts 账户	\$ Value 金额 (美元)	Description 描述
Cash 现金		Money with you or at home. 您随身携带或放在家中的现金
In Savings 储蓄		Bank Name: 银行名称:
In Checking 支票		Bank Name: 银行名称:

Property 不动产	\$ Value 金额 (美元)	Description of Asset 资产描述	Money Still Owed 当前债务
Cars, boats, or RVs 汽车、船只或房车			
Homes and land 房产和土地			
Other property 其他不动产			
Stocks, bonds, jewelry and other valuables 股票、债券、珠宝和其他 贵重物品			
Any other investments 任何其他投资			

Is there anything else you want the court to know about your financial situation?

关于您的财务状况，您还有什么想让法院知道的吗？

---



---

**Note:** In some circumstances, the Court may require you to provide proof of income, assets, or expenses before deciding your motion.

**注:** 在某些情况下，法院可能要求您在提交申请之前提供收入、资产或支出证明。

## 11. Verified Signature

### 核查签名

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

本人声明，上述内容均真实无误，否则将根据科罗拉多州法律接受伪证罪的处罚。

Executed on the (date) \_\_\_\_\_ day of (month) \_\_\_\_\_ (year) \_\_\_\_\_  
 执行日期：(日) \_\_\_\_\_ (月) \_\_\_\_\_ (年) \_\_\_\_\_

at City: (or other location) \_\_\_\_\_  
 市：(或其他地点) \_\_\_\_\_

and State: (or country) \_\_\_\_\_  
 州：(或国家地区) \_\_\_\_\_

Print Your Name: \_\_\_\_\_  
 您的姓名(印刷体)：\_\_\_\_\_

Your Signature: \_\_\_\_\_  
 您的签名：\_\_\_\_\_

Lawyer Signature: (If any) \_\_\_\_\_  
 律师签名：(如有) \_\_\_\_\_