|  |  |
| --- | --- |
| **JDF 209** | **Notice of Fee Waiver** (NOFW) |
| A drawing of a person    Description automatically generated | County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Court Use Only* |
| Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_v. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Courtroom: \_\_\_\_\_\_\_\_\_\_ | Division \_\_\_\_\_\_\_\_\_\_\_\_\_ |

I qualify for an automatic fee waiver under C.J.D. 98-01, Attachment A(1)(a)(i).

**1. My Information**

My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attached proof that I’m enrolled in one of these programs: *(check one)*

[ ]  Aid to the Blind Colorado. [ ]  Aid to the Needy and Disabled (AND).

[ ]  Old Age Pension - A and B. [ ]  Supplemental Security Income (SSI).

**2. Fees Waived**

Please waive any of the court’s costs or fees that I owe, including: *(check all that apply)*

[ ]  Filing Fees. [ ]  Reasonable Copy Fees. [ ]  Jury Fees.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*See C.R.S. § 13-16-103 and C.J.D. 98-01(IV).*

**3. Sign & Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature Date

|  |
| --- |
| **Staff Use Only:** |
| [ ]  Fee waiver processed.[ ]  Fee waiver not processed. Reason *(required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |