|  |  |  |  |
| --- | --- | --- | --- |
| **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

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