

<b>JDF 205</b>	<b>Motion to Waive Fees</b>	
<b>1. Court</b> <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> Probate <input type="checkbox"/> Juvenile <input type="checkbox"/> Supreme Colorado County: _____ Mailing Address: _____	<i>Clerk's Event Code: MIFP          This box is for court use only.</i>	
<b>2. Parties to the Case</b> Petitioner/Petitioner: _____ v. Defendant/Respondent: _____	<b>3. Case Details</b> Number: _____ Division: _____ Courtroom: _____	

Parties who are incarcerated must use form JDF 201 instead.

**4. Background**

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

**5. My Information**

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

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

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

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

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

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

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

**6. Fees Waived**

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

- Filing Fees.                      • Reasonable Copy Fees.                      • Jury Fees.
- eFiling and eService Fees *(when available)*.                      • Form and Instruction fees.

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

**Note:** The Court can only waive its own fees. Transcript costs can't be waived.

**7. Home and Work**

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

Do you have a job now?  No.  Yes.

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

If Yes, Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_ I started: *(date)* \_\_\_\_\_

My pay rate is: \$\_\_\_\_\_ per  Hour  Month. I work \_\_\_\_\_ hours per week.

I get a paid:  Every Week.  Every Month.  Twice a Month.

**8. Household**

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

Name	Age	Relationship to You	Are They Financially Dependent on You?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Household Income and Expenses**

Monthly Income	\$ Amount	Monthly Expenses	\$ Amount
a. Mine <i>(wages/commission/tips)</i>		a. Rent/Mortgage	
b. Of household members		b. Groceries <i>(above food stamps)</i>	
c. Unemployment benefits		c. Utilities	
d. From your retirement funds		d. Child support/alimony you pay	
e. Spousal Support you get		e. Medical and dental costs	
f. Other:		f. Transport costs <i>(car, insurance)</i>	
g. Other:		g. Student loans and credit cards	
<b>Total Monthly Income</b>	_____	<b>Total Monthly Expenses</b>	_____

**What Not to Include**

- Don't include roommates' income.
- Exclude roommates' share of the bills in monthly expenses.  
*Roommate Exception:* If you share bank accounts or comingle funds.
- Don't include child support, TANF, VA benefits, or food stamps as income.

If your income is less than your expenses, how do you pay the bills?

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## 10. Household Assets

Accounts	\$ Value	Description
Cash		Money with you or at home.
In Savings		Bank Name:
In Checking		Bank Name:

Property	\$ Value	Description of Asset	Money Still Owed
Cars, boats, or RVs			
Homes and land			
Other property			
Stocks, bonds, jewelry and other valuables			
Any other investments			

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

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

## 11. Verified Signature

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

Executed on the *(date)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, *(year)* \_\_\_\_\_  
at City: *(or other location)* \_\_\_\_\_  
and State: *(or country)* \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_