

JDF 209	Notice of Fee Waiver	
	County: _____	<i>Court Use Only; Clerk's Event Code: NOFW</i>
	Case Name: _____	Case Number: _____
	v. _____	Courtroom: _____ Division _____

I qualify for an automatic fee waiver under C.R.S. § 13-16-103 and C.J.D. 98-01, Attachment A § (1)(a)(i).

1. My Information

My name: _____

I swear or affirm that I'm enrolled in one of these programs: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Aid to the Blind Colorado. | <input type="checkbox"/> Aid to the Needy and Disabled (AND). |
| <input type="checkbox"/> Old Age Pension - A and B. | <input type="checkbox"/> Temporary Aid for Needy Families. (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI). | <input type="checkbox"/> Supp. Nutrition Assistance Program (SNAP). |

Note: In some circumstances, the Court may require you to provide proof of enrollment before processing the fee waiver.

2. Fees Waived

Please enter me as unable to pay *(indigent)*. Please waive any of the court's costs or fees for the duration of the case, or until final orders are issued if in a Domestic Relations case.

3. 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: _____

Staff Use Only

Fee waiver processed.

Fee waiver not processed. Reason *(required)* _____

Staff Signature: _____ Date: _____