




JDF 211	Application for Reduced Fees For Office of Dispute Resolution Services	
	A. Case Number:	
	B. Case filed in: <i>(county)</i>	

I request to reduce my payment for Office of Dispute Resolution (ODR) services.

I understand I will still pay a co-pay to the mediator, even if I qualify for a reduced fee.

Note! You don't need this form if the court waived your filing fees (JDF 206) within the last six months. Send a copy of that order to the mediator to automatically qualify.

1. My Information

Name:

Birthdate:

Full Mailing Address:

Phone number:

Email:

Do you have an attorney representing you?

☐ No

☐ Yes

If yes, you will not qualify for reduced fee mediation unless the attorney is representing you pro bono or low bono. *(This is not referring to representation by a Licensed Legal Paraprofessional (LLP))*

2. Mediation Information *(if known)*

Mediation is scheduled for: *(date)*

Mediator's Name:

3. Automatic Qualification

Are you enrolled in one of these programs?

☐ No

☐ Yes

If yes, check all that apply and then skip to [Section 8] of this form:

☐ Aid to the Blind Colorado

☐ Supp. Nutrition Assistance Program (SNAP)

☐ Supp. Security Income (SSI)

☐ Temporary Aid for Needy Families (TANF)

☐ Old Age Pension – A and B

☐ Aid to the Needy and Disabled (AND)

4. Work Information

Job Title:

Company:

Full Work Address:

Pay Date(s):

Hours/Week:

Pay Rate: \$

2nd Job Title:

Company:

Full Work Address:

Pay Date(s):

Hours/Week:

Pay Rate: \$

5. Household Members

Number of people in household: *(including yourself)*

List adults who contribute to household income:

Name	Relationship	Income Before Taxes

6. Monthly Income & Expenses

Income Before Taxes <i>(Gross Income)</i>	\$	Expenses	\$
Mine <i>(wages/commission/tips)</i>		Rent/Mortgage	
Household Members		Groceries / Utilities	
Unemployment Benefits		Maintenance/Child Support	
Maintenance <i>(alimony)</i>		Medical/Dental	
Other:		Transportation	
Other:		Loans/Credit Cards	
Total Household Income		Total Household Expenses	

7. What You Own

Asset	\$ Value	Description of Asset	\$ Still Owed
Savings Account		Bank Name:	
Checking Account		Bank Name:	
Cash on Hand			
Other Property		Type:	
Stocks, Bonds, and Mutual Funds		Type:	
Other Investments		Type:	
Total Assets		Convertible to Cash	

8. Submission

Submit this application to the Office of Dispute Resolution by:

Email: [odrmediations@judicial.state.co.us]

For questions, call the Office of Dispute Resolution at 720-625-5940.

9. 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:

If Represented:

Lawyer Name:

Lawyer Email:

Lawyer Signature:

Staff Use Only:	
<input type="checkbox"/> Above Guidelines	<input type="checkbox"/> At or Below Guidelines
Staff Signature:	Date:
<input type="checkbox"/> Request Granted	<input type="checkbox"/> Request Denied
Judicial Officer Signature:	Date:

Instructions

1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

Include:

- | | | |
|-------------|-----------------------|---|
| • Wages | • Annuities | • Unemployment Benefits |
| • Tips | • Dividends | • Independent Contractor Pay |
| • Salaries | • Commissions | • Social Security Disability (SSD) |
| • Bonuses | • Capital Gains | • Social Sec. Supplemental Income (SSI) |
| • Alimony | • Severance Pay | • Interest/Investment Earnings |
| • Pensions | • Trust Income | • Worker's Compensation Benefits |
| • Royalties | • Retirement Benefits | |

Note: Don't include income from **roommates**. Only include their incomes if you share bank accounts or commingle funds.

Do Not Include:

- | | | |
|-----------------|---------------------|------------------------|
| • Food Stamps | • Public Assistance | • Subsidized Housing |
| • Child Support | • TANF Payments | • Veteran's Disability |

2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity.

This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

3. Expenses

Do not include nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

4. Attachments

The Court, or ODR, may request proof of enrollment, income, expenses, or assets. If so, don't attach original documents. You may wish to remove financial account and tax identification numbers.