JDF 205	Motion to Waive Fees	
	1. Case Number: _____	
	2. Case filed in: *(county)* _____	*Clerk's Event Code:* MIFP

3. Background

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

This form is not for everyone:

- If you are incarcerated, use form JDF 201 instead.

4. 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: _____

5. Fees Waived

If the Court determines you qualify *(found indigent),* the following fees may 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 fees. Outside fees, like transcript costs, can't be waived.

6. Automatic Qualification

Are you enrolled in one of these programs? ☐ No. **[Go to Section 7]**

☐ Yes: *(check all that apply)*

- ☐ Aid to the Blind Colorado
- ☐ Old Age Pension – A and B
- ☐ Supp. Security Income (SSI)
- ☐ Temporary Aid for Needy Families (TANF)
- ☐ Supp. Nutrition Assistance Program (SNAP)
- ☐ Aid to the Needy and Disabled (AND)

Then, leave Sections 7 through 10 blank. **[Skip to Section 11]**

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*, My pay rate is: $_____ per ☐ Hour ☐ Month.

How often do you get paid? *(examples: monthly, weekly)* _____

8. Household

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

Name	Age	Relationship to You	Are They Financially Dependent on You?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

9. Household Income and Expenses

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

What Not to Include

- Don't include child support, TANF, VA benefits, or food stamps as income.
- Don't include roommates' income.
- Exclude roommates' share of the bills in monthly expenses.

Roommate Exception: If you share bank accounts or comingle funds.

How do you pay the bills ***if*** your income is less than your expenses?

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?

Note: In some circumstances, the Court may require you to provide proof of income, assets, or 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: _____

Lawyer Signature: *(If any)* _____