

<input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____	▲ COURT USE ONLY ▲ Case Number: _____ Courtroom: _____
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MOTION TO: FILE WITHOUT PAYMENT OF FILING FEE APPOINT AND PAY INTERPRETER COSTS AND SUPPORTING FINANCIAL AFFIDAVIT

I, _____ respectfully move the Court for an order to waive the following filing fee(s):
 complaint petition answer response motion to modify other: _____ and/or to appoint and pay for an interpreter for the following language _____ pursuant to CJD 06-03 and as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

Name of Applicant			Other Responsible Party (Spouse, Parent, Other Persons in Household)		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____			Street Address (Include Apt. # if applicable) _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____			<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth	Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____			Most Recent Employer: _____		
Work Address: _____			Work Address: _____		
Work Phone #: () _____			Work Phone #: () _____		
Dates Employed: _____			Dates Employed: _____		
Hours/Week: _____ Pay Rate: \$ _____			Hours/Week: _____ Pay Rate: \$ _____		
Pay Dates: _____			Pay Dates: _____		

Marital Status: Single Married Divorced Separated Widowed **Number in Household:** (including yourself) _____
 _____ Identify Name, Age, and Relationship:

Gross Monthly Income (See Information on page 2)		Monthly Expenses (See Information on Page 2)	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Total Income	\$	Total Expenses	\$

If incarcerated, amount in Inmate Account \$ _____. (Attach copy of Inmate Trust Fund Account statement for a six-month period immediately preceding filing pursuant to §13-17.5-103, C.R.S.)

Cash on Hand (Cash you are carrying or which is stored at home, etc.)	\$	Credit Cards: (Show type and balance owed)
Checking Account Balance	\$	Name/Address of Bank
Savings Account Balance	\$	Name/Address of Bank:
Stocks, Bonds, or other Investments Held Balance	\$	Type of Investment, Name/Location of Company/Corporation
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Identify Year _____ Model _____ License Plate _____ Identify Year _____ Model _____ License Plate _____
House(s) or other Property - Estimate Value	\$	Amount owed, Year Purchased

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, I authorize the Court to make any necessary contacts to verify the information.

Signature: _____ Date: _____

MOTION TO FILE WITHOUT PAYMENT AND SUPPORTING FINANCIAL AFFIDAVIT

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

◆ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 205.