DEN MIFP	Fee Waiver Application

1. Denver District Court 1437 Bannock Street, Room 256 Denver, CO 80202	*Clerk's Event Code:* MIFP This box is for Court Use Only
2. Parties to the Case Petitioner/Plaintiff: v. Respondent/Defendant:	**3. Case Details** Number: Courtroom:

> **Note*:* The Court may require you to provide proof of income, assets, and expenses before deciding on your application. By completing the application, you are agreeing to submitting the required proof if requested.

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: *(*MM*/*DD*/YYYY)*_____

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

Mailing Address: _____

City: _____, State: _____, Zip: _____

Phone: _____. Email: _____

6. Fees Waived

I cannot afford to pay the fee to file my *(check one):*

☐Complaint. ☐ Petition. ☐ Answer. ☐Response.

☐Jury Demand. ☐ Motion to Modify. ☐Other *(Describe):* _____

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 ☐ Week ☐ Month. I work _____ hours per week.

I get 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?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

9. Household Income and Expenses

Monthly Income (before taxes taken out)	$ Amount	Monthly Expenses	$ Amount
a. Your Income *(Wages/Commission/Tips)*		a. Rent/Mortgage	
b. Income of other household members		b. Groceries *(Above stamps)*	
c. Unemployment benefits		c. Utilities	
d. Your retirement payments		d. Child support/alimony you pay	
e. Spousal support you get		e. Medical/Dental Costs	
f. Other:		f. Transport Costs *(RTD, Car, Insurance)*	
g. Other:		g. Student Loans/Credit Cards	
Total Monthly Income		**Total Monthly Expenses**	

If your income is LESS than your expenses, how do you pay your bills? If your monthly expenses are MORE than your monthly income, and you receive government benefits, list the benefits you receive here.

_____

_____

_____

_____

_____

10. Liquid Assets

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

11. Verified Signature

I declare under penalty of perjury under the law of Colorado that the forgoing 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: /s/_____