Fee Waiver Application	1		MIFP COURT USE ONLY
District Court, Denver County –	1437 Bannock St., Ri	m 256, Denver, CO 80202	
Parties			
Petitioner (Name of person who sta	rted this legal case):		
Respondent (Other person in this of	case):		
Your Lawyer (if you have a legal aid	I type lawver for this c	ase. ask them to fill out this form).	Case Number:
• • • • • • • • • • • • • • • • • • • •	wyer's Tel. #: Atty. Reg. #:		Courtroom:
When you file this form you agree the nformation, such as bank statement			so agree to give the court more financial ted.
1 I declare:			
• I am the (check one):	Petitioner	espondent	f Defendant Other
•		arried / Civil Union	ed / Civil Union Ended
	☐ Jury Dema		ther (describe):
I cannot afford the fee becau	use I do not have en	nough cash, money in my check	ing or savings account, or other funds.
2 Your Information			
Full Legal Name:			
firs	t	middle	last
Date of Birth:	Phone:	Email:	
		Apt. #	
Do you have a job now?	 ∕es	If Yes	
			, ini out grey box below.
			none:
			ou work each week?
		day ☐ week ☐ month	
You get paid: ☐ every we			

first		middle		last	
Data of Dinth.	:				: \ .
Date of Birth: Does th	is person owr	n or rent a nome?	∐ Own ∐ Rent [_ Otner (<i>expia</i> i	ın):
Does this person have a job now?	s 🗌 No				
If No, list date of the last paycheck: (r	nm–dd–yyyy).	:	If Yes, fill out grey	box below.	
Employer or Company Name:					
Address:	Phone:				
First day of work (mm-dd-yyyy):	Ab	oout how many hou	rs does this person v	work each wee	k?
Pay is about: \$	⊓hour □da	v □week □mo	nth		
Gets paid: every week every	z weeks □ o	once a month			
Who Lives in Your Home? Includi	ing you. how !	many people live ir	your home? (total fi	rom box below)
Names of other people in your home	Age	Relationship to		Dependent o	
You:		Self			No
				☐ Yes ☐	No
				☐ Yes ☐	No
				☐ Yes ☐	No
				☐ Yes ☐	No
			1 11190		
Household Income <i>Before</i> Taxes: List <u>all</u> income from everyone in your hou	sehold who p	ays part of the hou	sehold bills.		
List <u>all</u> income from everyone in your hou <i>Exception:</i> Do NOT list:	·		sehold bills.		
List <u>all</u> income from everyone in your hou <i>Exception:</i> Do NOT list: • TANF payments	• Child	support payments			
List <u>all</u> income from everyone in your hou <i>Exception:</i> Do NOT list: TANF payments Food Stamps	Child sSubside	support payments dized housing assis		bank	
List <u>all</u> income from everyone in your hou <i>Exception:</i> Do NOT list: • TANF payments	Child sSubsideIncome	support payments dized housing assis e from roommates,	stance		
List <u>all</u> income from everyone in your hou Exception: Do NOT list: TANF payments Food Stamps Veteran's disability benefits Other public assistance programs	Child sSubsideIncome	support payments dized housing assis e from roommates, nt or they deposit a	stance unless you share a check into your acc		
List <u>all</u> income from everyone in your hou Exception: Do NOT list: TANF payments Food Stamps Veteran's disability benefits	Child sSubsideIncome	support payments dized housing assiste from roommates, nt or they deposit a Monthly Ex Do not include	stance unless you share a check into your acc	ount s, like cable TV	
List <u>all</u> income from everyone in your hou Exception: Do NOT list: TANF payments Food Stamps Veteran's disability benefits Other public assistance programs	Child sSubsideIncome	support payments dized housing assiste from roommates, nt or they deposit a Monthly Ex Do not include	stance unless you share a check into your acco penses de optional expenses s, eating out, alcohol	ount s, like cable TV	
List <u>all</u> income from everyone in your hou Exception: Do NOT list: TANF payments Food Stamps Veteran's disability benefits Other public assistance programs Monthly Income Before Taxes a. Your wages + salary + commission	Child s Subside Income accounts	support payments dized housing assis e from roommates, nt or they deposit a Monthly Ex Do not include memberships a. Rent or M	stance unless you share a check into your acco penses de optional expenses s, eating out, alcohol	ount s, like cable TV or cigarettes, (etc.

Monthly Income Before Taxes		Monthly Expenses Do not include optional expenses, like cable TV, club memberships, eating out, alcohol or cigarettes, etc.		
a. Your wages + salary + commission (Look at recent checks or paystubs)	\$	a. Rent or Mortgage	\$	
b. Your Unemployment Benefits	\$	b. Groceries (Do NOT include Food Stamps)	\$	
c. Your Social Security or Retirement Funds	\$	c. Utilities	\$	
d. Maintenance or Alimony you receive	\$	e. Child Support or Alimony that you pay	\$	
e. Other Income (describe):	\$	f. Medical and Dental costs	\$	
f. Other Income (describe):	\$	g. Car / Transportation costs (including insurance)	\$	
g. Income of all others in the home who pay bills	\$	h. Other costs (describe):	\$	
Total Income	\$	Total Expenses	\$	
If your <i>Total Income</i> is less than your <i>Total</i>	Expenses , ex	plain how you pay your bills:	1	

Assets – What You Own	Debts – What You Owe				
Cash in your wallet and at home	\$		Credit Cards / Installment Payments		
Financial accounts (List bank names & amo	ount in each ac	count)	Paid to	How much	
Checking	\$			\$	
Savings	\$			\$	
	\$			\$	
	How much you could sell it for	How much you still owe			
House(s) or other real property	\$ List other facts about your f situation that you want the		vant the court to know,		
Cars, boats, RVs, and other vehicles List Make / Year	\$	\$	such as unusual medical expenses, far emergencies, etc.		
Stocks, bonds, jewelry, other investments	\$	\$	_		
declare under penalty of perjury under Colc	orado law that tl	ne information I h	ave provided above	is true and correct.	
our Signature		Date			