

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/Petitioner: vs. Defendant/Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division Courtroom

MOTION TO FILE WITHOUT PAYMENT AND SUPPORTING FINANCIAL AFFIDAVIT

I, _____ respectfully move the Court for an order allowing the filing of a: complaint; petition; answer; response; motion to modify; petition to seal criminal records; other: _____ without payment of a filing fee 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 NEATLY. IF AN ITEM DOES NOT APPLY, WRITE N/A

Petitioner/Plaintiff or Respondent/Defendant	Spouse's Employment (if applicable)																																																																								
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CASH ON HAND (Cash you are carrying or which is stored at home, etc.) \$ _____	Credit Cards: (Show type, and balance owed.)																														
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House(s) or other Property 1. Est. Value \$ _____ Amount Owed \$ _____ Year Purchased _____ County _____ 2. Est. Value \$ _____ Amount Owed \$ _____ Year Purchased _____ County _____																															
Vehicles Owned (Autos, boats, recreational vehicles, etc.) Show YEAR, MODEL, LICENSE PLATE NO., VALUE																															
If incarcerated, amount in Inmate Account \$ _____. (Attach copy of Inmate Trust Fund Account statement for six-month period immediately preceding filing pursuant to §13-17.5-103, C.R.S.)																															

GROSS MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Earnings (Self)	\$ _____	Rent or Mortgage	\$ _____
Earnings (Spouse)		Food	
Parents (if parents support you)		Utilities	
Unemployment Benefits		Clothing	
Social Security		Child Support	
Food Stamps/Public Assistance		Alimony	
Child Support/Alimony Income		Medical	
Other Income (identify source)		Other Expenses (identify)	
Total Income	\$ _____	Total Expenses	\$ _____

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 _____