JDF 211	Application for Reduced Fees For Office of Dispute Resolution Services		
	<ol> <li>Case Number:</li> <li>Case filed in (county):</li> </ol>		

I request to reduce my payment for Office of Dispute Resolution (ODR) services.

**Note!** You don't need this form if the court waived your filing fees (JDF 206) within the last six months. Send a copy of that order to the mediator to automatically qualify.

### 3. My Information

	Name:	Birthdate:
	Full Mailing Address:	
	Phone number:	Email:
4.	Mediation Information (if known)	
	Mediation is scheduled for (date)	
	Mediator's Name	
5.	Automatic Qualification	
	Are you enrolled in one of these programs?	?
	Check all that apply: Aid to the Blind Colorado Old Age Pension – A and B. Supp. Security Income (SSI) * If yes, skip to Section 10 of this form.	<ul> <li>Temporary Aid for Needy Families (TANF)</li> <li>Supp. Nutrition Assistance Program (SNAP)</li> <li>Aid to the Needy and Disabled (AND)</li> </ul>
6.	Work Information	
	Job Title: Full Work Address:	
	Pay Date(s): Ho	ours/Week: Pay Rate: \$
	2 <sup>nd</sup> Job Title:	Company:
	Full Work Address:	
	Pay Date(s):	ours/Week: Pay Rate: \$

### 7. Household Members

Number of people in household: (including yourself) \_\_\_\_\_\_.

	List adults	who	contribute to	household	income:
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Name	Relationship	Income Before Taxes
		\$
		\$
		\$

# 8. Monthly Income & Expenses

Income Before Taxes (Gross Income)	\$ Expenses	\$
Mine (wages/commission/tips)	\$ Rent/Mortgage	\$
Household Members	\$ Groceries / Utilities	\$
Unemployment Benefits	\$ Maintenance/Child Support	\$
Maintenance (alimony)	\$ Medical/Dental	\$
Other:	\$ Transportation	\$
Other:	\$ Loans/Credit Cards	\$
Total Household Income	\$ Total Household Expenses	\$

## 9. What You Own

Asset	\$ Value	Description of Asset	\$ Still Owed
Savings Account	\$	Bank Name:	
Checking Account	\$	Bank Name:	
Cash on Hand	\$		
Other Property	\$	Туре:	\$
Stocks, Bonds, and Mutual Funds	\$	Туре:	
Other Investments	\$	Туре:	\$
Total Assets	\$	Convertible to Cash	\$

#### 10. Attachments

With this form, I've attached: (check one)

Proof of Automatic Qualification (from section 5).
 (This could be an award letter or screenshot of benefit app that shows your name.)

Or

Bank statements *and* proof of income for the last two months.

#### 11. Submission

Submit this application to the Office of Dispute Resolution by:

Email:odrmediations@judicial.state.co.usFax:303-218-9145

For questions, call the Office of Dispute Resolution at 720-625-5940.

### 12. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

	Executed on the	e <u>ay</u> day	of		,	_, at
		(date)	(month)		(year)	
	(city or other loca	tion,	,	and state or c	country)	
Print Y	our Name:					
Your S	ignature:					

# Instructions

### 1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

### Include:

- WagesTips
- Annuities
- Dividends
- SalariesBonuses

• Alimony

• Pensions

- Commissions
- Capital Gains
  - Severance Pay
- Trust Income
- Royalties
   Retirement Benefits

- Unemployment Benefits
- Independent Contractor Pay
- Social Security Disability (SSD)
- Social Sec. Supplemental Income (SSI)
- Interest/Investment Earnings
- Worker's Compensation Benefits

**Note:** Don't include income from **roommates**. Only include their incomes if you share

bank accounts or commingle funds.

# **Do Not Include:**

<ul> <li>Food Stamps</li> </ul>	Public Assistance	Subsidized Housing
<ul> <li>Child Support</li> </ul>	<ul> <li>TANF Payments</li> </ul>	Veteran's Disability

# 2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity. This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

## 3. Expenses

**Do not include** nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

### 4. Attachments

Don't attach original documents. You may wish to remove financial account and tax identification numbers.