| _  |   |   | ounty, Colorado        |                 |                                   |  |
|--|---|---|------------------------|-----------------|-----------------------------------|--|
| Municipal Court Court District Court Court address:  |   |   |                        |                 |                                   |  |
|  |   |   |                        |                 |                                   |  |
|  | ne Number :   | 25/0):                                  |                        |                 |                                   |  |
| Piali  | ntiff(s)/Petition                                   | er(S):                                  |                        |                 |                                   |  |
| Dofo   | endant(s)/Respo                                     | andant(s):                              |                        |                 |                                   |  |
| Dele   | ilualii(s)/Nespi                                    | Jiideiil(S).                            |                        |                 |                                   |  |
|  |   |   |                        |                 | OURT USE ONLY                     |  |
| Attorney or Party Without Attorney (Name and Address):   |   |   | Case Number:           |                 |                                   |  |
|  |   |   |                        | Warrant Nu      | umber:                            |  |
|  | ne Number:  | E-mail:                                 |                        | Division        | Courtroom                         |  |
| FAX  | Number:   | Atty. Reg.#.:  MOTION TO WAIVE OR PO    | ASTRONE COSTS          | AND OPDE        | :D                                |  |
|  |   | MOTION TO WAIVE OR FO                   | JSTPONE COSTS          | AND ORDE        | :K                                |  |
| =  |   | ow me to file a Verified Complaint for  | Restraining Order w    | ithout paymer   | nt of court costs, and in support |  |
| -  | •   | e following information under oath.     |                        |                 |                                   |  |
| 1. M   | y occupation is:                                    |   |                        |                 | ·                                 |  |
| 2. 🗆   | I am employed _                                     | hours per week.                         | ☐ I am unemple         | iployed.        |                                   |  |
| 3. My gross monthly income (before deductions) is as follows (include ALL sources of income such as wages or |   |   |                        |                 | such as wages or salary,          |  |
| AF   | FDC, child suppor                                   | t, maintenance, food stamps, unemp      | oloyment or worker's ( | compensation    | ): \$                             |  |
| 4. Ot  | ther monthly incor                                  | ne to the household not listed in 3: \$ | ;                      |                 |                                   |  |
|  | There areadults andchildren living in my household. |   |                        |                 |                                   |  |
|  |   |   |                        |                 |                                   |  |
| 6. I   | ☐ can ☐ car   | nnot pay the filing fee now.            |                        |                 |                                   |  |
|  |   |   |                        |                 |                                   |  |
| I DECI   | ARE UNDER PE  | NALTY OF PERJURY THAT THE A             | BOVE STATEMENTS        | S ARE TRUE.     |                                   |  |
| DATE:  |   |   |                        |                 |                                   |  |
| D/(IL.   |   |   | Plaintiff/De           | efendant        |                                   |  |
| Subsci   | ribed under oath b                                  | pefore me on                            |                        |                 |                                   |  |
| Mv cor   | mmission expires                                    |   |                        |                 |                                   |  |
| ,  |   |   | Notary Pu              | blic/Deputy Cle | rk                                |  |
| ORDE   | R   |   |                        |                 |                                   |  |
| ☐ Cot  | urt costs are waive                                 | ed.                                     |                        |                 |                                   |  |
| ☐ Pay  | ment of court cos                                   | ts is postponed until (date)            |                        |                 |                                   |  |
| ☐ The  | e defendant may b                                   | e ordered to pay the plaintiff's court  | costs.                 |                 |                                   |  |
|  |   |   |                        |                 |                                   |  |
| <b>□</b> Ine   | e motion to waive (                                 | or postpone costs is denied.            |                        |                 |                                   |  |
| DATE:  |   |   |                        |                 |                                   |  |
| <i>→,</i> \ 1  |   |   | Judge/Mag              | gistrate        |                                   |  |