

<input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ <b>COURT USE ONLY</b> ▲
Plaintiff/Petitioner: _____ v. Defendant/Co-Petitioner/Respondent: _____		
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
<b>INMATE MOTION REQUESTING TO:</b> <input type="checkbox"/> FILE WITHOUT PREPAYMENT OF FILING/SERVICE FEES PURSUANT TO §13-17.5-103, C.R.S <input type="checkbox"/> APPOINT AND PAY INTERPRETER COSTS PURSUANT TO CJD 06-03		

**Information to Applicant**

Any inmate who is allowed to proceed in a civil action as a poor person shall be required to pay the full amount of the filing fee and service of process fees previously paid by the Court as follows:

- ◆ The Court will require an initial partial payment if the inmate has ten dollars or more in his/her account.
- ◆ The Court will require continuous monthly payments equal to 20% of the preceding month's deposit in the inmate account until the filing fee and service of process fees are paid in full.

I, \_\_\_\_\_ respectfully move the Court for an order to proceed without a prepayment of the following filing fees:  complaint  petition  answer  response  motion to modify  service fees  other: \_\_\_\_\_ and/or to appoint and pay for an interpreter for the following language \_\_\_\_\_ as grounds that I do not have adequate funds available in my inmate account and have a meritorious claim.

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**All items must be fully completed. Print or type neatly.**

**1. Information about the Applicant:**

Name: \_\_\_\_\_ Inmate/DOC #: \_\_\_\_\_  
 Name of Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Amount of funds currently held in Inmate Account:**

Balance is \$ \_\_\_\_\_ as of \_\_\_\_\_ (date).  
 Attached is a copy of my inmate account for six-months preceding the filing of this Motion. **This copy must be certified by an appropriate official at the detention facility.**

**I swear under penalty of perjury that all information provided is true and complete.**

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant