

<p>MUNICIPAL COURT, TOWN OF COLUMBINE VALLEY AND BOWMAR, JEFFERSON COUNTY, COLORADO Court Address: 2 Middlefield Road Columbine Valley, CO 80123</p> <p>THE PEOPLE OF THE STATE OF COLORADO, TOWN OF COLUMBINE VALLEY AND BOWMAR v.</p> <p>Defendant. _____</p> <p>Party Without Attorney</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p>	<p>▲ COURT USE ONLY ▲</p> <hr/> <p>Case Number: _____</p> <p>Ticket Number: _____</p>
<p>DEFENDANT'S FINANCIAL AFFIDAVIT</p> <p>MOTION FOR: <input type="checkbox"/> WAIVER OF JURY FEES <input type="checkbox"/> WAIVER/REDUCTION IN COURT COSTS <input type="checkbox"/> STAY OF EXECUTION <input type="checkbox"/> PAYMENT PLAN</p>	

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

Name of Applicant		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		
Name of Other Responsible Party (Spouse, Partner, Parent, Other Persons in Household)		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth

Most Recent Employer: _____
 Work Address: _____
 Work Phone #: () _____
 Dates Employed: _____
 Hours/Week: _____ Pay Rate: \$ _____ Weekly Bi-weekly Monthly Annual Other: _____

Marital Status: Single Married Partner in a Civil Union Divorced/Civil Union Dissolved Separated
 Widowed

Number in Household: (including yourself) _____

Identify Members:

Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information on Page 3)	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Partner, Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Total Income	\$	Total Expenses	\$
Cash on Hand (Cash you are carrying or which is stored at home, etc.)	\$	Credit Cards: (Show type and balance owed)	
		Type: _____	Balance \$ _____
		Type: _____	Balance \$ _____
Checking Account Balance	\$	Name/Address of Bank: _____	
Savings Account Balance	\$	Name/Address of Bank: _____	
Stocks, Bonds, or other Investments Held Balance	\$	_____	_____
		Type of Investment	Name/Location of Company/Corporation
		_____	_____
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$	Year _____ Model _____ License Plate _____	
		Year _____ Model _____ License Plate _____	
House(s) or other Property Estimate Value	\$	Amount owed \$ _____ Year Purchased _____	

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Court to make any necessary contacts to verify the information.

Signature: _____

Date: _____

APPLICATION INSTRUCTIONS AND CHECKLIST:

Correct and complete information must be provided on this form. Inadequate or incomplete information will result in the denial of your request to waive costs. If an item on the form does not apply, please write "N/A".

The following items need to be attached your motion:

- Copies of the previous three months bank statements including checking and savings. DO NOT provide originals.
- Copies of the previous three months pay stubs and/or proof of income must be included. DO NOT provide originals.
 - Income can include, wages, self-employment income, unemployment benefits, Social Security, SSI, alimony, workers' compensation, etc.
 - Child support is not included as income but can be included as an expense.
 - Nonessential items such as cable or satellite television, club memberships, entertainment, dining out, etc. shall not be included in determining expenses.
- If you are unemployed and do not have the above list documents you must submit an affidavit describing your current financial status.

GENERAL INFORMATION

A. Purpose of filing out the financial affidavit:

- ◆ The goal of the Court is to set up payment plan that is reasonable and fair both to the court and the defendant and to assure that the Defendant will make full payment of all court-ordered assessed fines, fees, costs and restitution to the best of their ability.
- ◆ Minimize the collection period for court receivables
- ◆ Provide for thorough financial analysis and fair treatment of defendants

B. Non-Waivable Fees

- ◆ If you have an outstanding judgement warrant, you must pay \$30 to have the OJW lifted. If you do not pay this fee your driver's license may be cancelled or not renewable.
- ◆ Restitution is non-waivable.

C. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

◆ **Income categories DO NOT include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

D. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

E. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.