

APPLICATION FOR WAIVER OF COURT COSTS AND JURY FEE IN BOULDER MUNICIPAL COURT CASES

MUST BE FULLY COMPLETED. PRINT NEATLY

CASE NUMBER _____

Petitioner or Respondent Information			Spouse Information (if applicable)		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____ _____			Spouse's Most Recent Employer: _____ Work Address: _____ _____		
City _____ State _____ Zip Code _____			Work Phone: () _____ Dates Employed: _____ Hours/Week: _____ Pay Rate: \$ _____ Pay Dates: _____		
OWN RENT Home Phone Number: ()					
Social Security #	Driver's Lic #/State	Birth Date	References		
Most Recent Employer _____ Work Address: _____ _____			Please provide two persons (friends or relatives) <u>not</u> living with you:		
Work Phone #: () _____ Dates Employed: _____ Hours/Week: _____ Pay Rate: \$ _____ Pay Dates: _____			Name City/State Telephone #		
			1. _____		
			2. _____		

Marital Status: Single Married Common Law Separated Divorced Widowed	Number of Dependents _____ List Names and Ages: _____ _____
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CASH ON HAND	Credit Cards	Type of Credit Card	Balance Owed
\$ _____		_____	\$ _____
		_____	\$ _____

Bank Accounts (checking/savings, etc.)	Type of Account	Bank Name/Loc.	Account Number	Balance
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____

Stocks, Bonds, or other Investments Held	Type of Investment	Name/Loc. Of Company/Corp.	Account Number	Balance
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____

House(s) or Other Property	1. Est. Value \$ _____	Amount Owed \$ _____	Year Purchased _____	Country _____
	2. Est. Value \$ _____	Amount Owed \$ _____	Year Purchased _____	Country _____

Vehicles Owned (Autos, boats, recreational vehicles, etc.) Show YEAR, MODEL, LICENSE PLATE NO., VALUE

See Reverse

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 _____

OFFICE USE ONLY	WAIVER OF COURT COSTS DUE THE CITY
Recommendation of the Court: Eligible for waiver (specify if for all or only certain costs) _____ _____ Not eligible for waiver	
So ordered by the Court: _____ Judge/Magistrate _____ Date _____	