

| | |
|---|--|
| MUNICIPAL COURT, CITY OF FORT COLLINS 215 N. Mason Street, Fort Collins, CO 80524 Phone (970) 221-6800 Fax (970) 416-2162 court@fcgov.com | <input type="checkbox"/> Requesting Waiver of Costs <input type="checkbox"/> Requesting Useful Public Service option (instead of payment) if fines are assessed <input type="checkbox"/> Requesting Court-appointed counsel <input type="checkbox"/> Requesting an attorney to advise them regarding potential immigration consequences relating to this case |
| THE CITY OF FORT COLLINS, by and on behalf of The People of the State of Colorado, vs. Defendant: _____, | ▲ COURT USE ONLY ▲ |
| Address _____ Phone: _____ Email: _____ DOB: _____ | Case No: _____ Citation No. _____ |
| PETITION OF INDIGENCE <i>Note: If you are under 24 you must provide the information below as well as EITHER proof of financial independence OR financial information for the family member(s) who support you.</i> | |

THIS PETITION is made to inform the Court of my status of indigence.

Marital Status: ___ Single ___ Married Total # dependents in household (under 18) _____
Defendant: _____ Employed? Yes (hours per week) _____ No _____
Spouse/Partner: _____ Employed? Yes (hours per week) _____ No _____
Checking Acct - Approx. balance: \$ _____ Savings Acct - Approx. balance: \$ _____
Cash on hand: \$ _____ Value of real estate owned: \$ _____
Motor vehicle(s) owned - Year and Make: _____ Value: \$ _____

MONTHLY INCOME (household):

Defendant's take home pay: \$ _____
Spouse's take home pay: \$ _____
Retirement/Pension: \$ _____
Social Security/Disability: \$ _____
Unemployment: \$ _____
Other (specify) _____ \$ _____
TOTAL INCOME: \$ _____

TOTAL MONTHLY EXPENSES _____

(Including rent or mortgage, utilities, groceries, medical/dental, maintenance /child support paid)

I swear, under penalty of perjury, that the above information is true and complete, to the best of my knowledge.

Defendant (signature)

Date

By the Court: _____ Eligible-Waive costs except for OJW/Default fee or Collections fee, if applicable
_____ Not Eligible

Municipal Judge

Date