

# Wheat Ridge Municipal Court

7500 West 29<sup>th</sup> Avenue  
Wheat Ridge, CO 80033  
(303) 235-2835

## Affidavit of Income and Expenses

- Attach income verification. Not supplying documentation may result in denial of your request.
  - Proof of income includes a recent pay stub, copy of a paycheck, your most recent W-2, or your most recent income tax return.
  - If you claim that you have no income, you must either bring income verification from the person that is contributing to your support or explain in detail your living arrangements and how you are paying for your basic necessities.
- Complete application in full. Incomplete information may result in denial of your request. All questions must be answered and all lines must have an entry.
- **For Court Appointed Attorney requests:**
  - The Prosecutor will review your case and may decide that the City will not seek jail as a possible penalty in the event of a conviction and therefore, if the Court agrees, an attorney may not be appointed for you. Furthermore, an Attorney will not be appointed if the charge against you does not carry incarceration as a possible penalty (e.g., possession of marijuana and traffic infractions). You may however hire your own Attorney at your expense.
  - A ten dollar (\$10.00) application fee may be assessed after the court reviews the application.
- **For Payment Plan requests:**
  - All fines, costs, and restitution are due at the time they are imposed by the Court.
  - Payment of these fines, costs, and restitution must be a financial priority
  - If the Court authorizes a payment plan, you will meet with the Collections Investigator to determine an appropriate payment schedule. During this meeting, the Collections Investigator will review your financial situation along with your financial documents and a payment schedule may be established.
  - Failure to make payments on time, may subject you to sanctions of the Court, including Contempt and loss of driver's license.
  - A \$25.00 processing fee may be assessed.
- **For Offender Services Assistance:**
  - The Court may or may not grant my request for offender services assistance.
  - I understand that costs for UA's, BA's, evaluation, classes, treatment, and counseling remain at all times my responsibility.
  - I understand that providing proof of services is my responsibility.
- **For Jury Fee Waiver**
  - I understand that I must timely process the jury demand
  - Jury demand must be in writing and filed within 21 days of my not guilty plea.
  - The \$25.00 jury fee is required, unless waived by the Court, within 21 days of my not guilty plea.
  - The request for jury fee waiver is in addition to the jury demand and must be filed within 21 days of my not guilty plea.

### Affidavit of Income and Expenses

COMPLETE ALL PAGES OF THIS FORM. LEAVE NO BLANKS, WRITE N/A (NOT APPLICABLE) IF INFORMATION DOES NOT APPLY. Failure to complete all questions may result in an immediate denial.

PEOPLE OF THE CITY OF WHEAT RIDGE, STATE OF COLORADO,

VS. \_\_\_\_\_  
DEFENDANT SUMMONS NUMBER

I am requesting:

\_\_\_\_\_ Court Appointed Attorney    \_\_\_\_\_ Payment Plan    \_\_\_\_\_ Waiver of Jury Fee    \_\_\_\_\_ Waiver of Discovery fee  
\_\_\_\_\_ Offender Services \_\_\_\_\_ (UA's, BA's, Evaluation, Counseling)    \_\_\_\_\_ Other

#### PERSONAL INFORMATION

DEFENDANT'S NAME (last, first, middle) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS (include Street, City, State & Zip) \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
SPOUSE'S NAME (last, first, middle) \_\_\_\_\_ ADDRESS (if different) \_\_\_\_\_ TELEPHONE (if different) \_\_\_\_\_  
MARITAL STATUS: Married  Single  Separated  Divorced  Widowed   
NUMBER OF DEPENDENTS: Children \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_  
Ages of children: \_\_\_\_\_ Children live with: \_\_\_\_\_

#### EMPLOYMENT INFORMATION

DEFENDANT'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_  
EMPLOYER'S PHONE \_\_\_\_\_ GROSS MONTHLY SALARY \_\_\_\_\_ \$ PER HOUR \_\_\_\_\_ HRS PER WEEK \_\_\_\_\_  
IF DEFENDANT UNEMPLOYED HOW LONG \_\_\_\_\_ UNEMPLOYMENT BENEFITS \_\_\_\_\_  
SPOUSE'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_  
SPOUSE'S EMPLOYER'S PHONE \_\_\_\_\_ GROSS MONTHLY SALARY \_\_\_\_\_ \$ PER HOUR \_\_\_\_\_ HRS PER WEEK \_\_\_\_\_  
IF SPOUSE UNEMPLOYED HOW LONG \_\_\_\_\_ UNEMPLOYMENT BENEFITS \_\_\_\_\_  
Name others contributing to Household Income \_\_\_\_\_

## FINANCIAL INFORMATION

MONTHLY INCOME	MONTHLY EXPENSES	ASSETS
DEFENDANT _____	RENT/Mortgage _____	REAL ESTATE \$ _____
SPOUSE _____	UTILITIES _____	VEHICLE VALUE \$ _____
SOCIAL SECURITY _____	FOOD _____	OTHER ASSETS:
UNEMPLOYMENT _____	PHONE _____	_____ \$ _____
COMPENSATION _____	INSURANCE _____	_____ \$ _____
WORKERS _____	MED/DENTAL _____	_____ \$ _____
COMPENSATION _____	CHILD CARE _____	_____ \$ _____
AFDC/TANF _____	CHILD SUPPORT _____	_____ \$ _____
CHILD SUPPORT _____	ALIMONY _____	_____ \$ _____
OTHER* _____	TRANSPORTATION _____	_____ \$ _____
Parent or legal guardian? _____	OTHER EXPENSES _____	BANKING FACILITY
TOTAL INCOME _____	TOTAL EXPENSES _____	ADDRESS
		SAVINGS \$ _____
		CHECKING \$ _____
		TOTAL ASSETS \$ _____

IF YOUR TOTAL INCOME EQUALS \$0.00 YOU MUST EXPLAIN YOUR MEANS OF SURVIVAL/SUPPORT:

\_\_\_\_\_  
\_\_\_\_\_

**WARNING: IF YOUR CASE IS SET FOR A PRETRIAL CONFERENCE, YOU ARE WAIVING THE 91 DAY SPEEDY TRIAL RULE.**

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE

### BANK ACCOUNT AND AUTOMOBILE INFORMATION

NAME OF BANKING INSTITUTION: \_\_\_\_\_

CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

BANK PHONE: \_\_\_\_\_ BANK PHONE: \_\_\_\_\_

REAL ESTATE (BUYING OR CURRENTLY OWNED)

LOCATION/ADDRESS: \_\_\_\_\_

CURRENT ASSESSED VALUE OR ESTIMATED FAIR MARKET VALUE): \_\_\_\_\_

FIRST MORTGAGE BALANCE: \$ \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_

SECOND MORTGAGE BALANCE: \$ \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_

**AUTOMOBILE INFORMATION:**

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
EXPIRATION DATE

VEHICLES OWNED:

\_\_\_\_\_  
YEAR MAKE/MODEL

\_\_\_\_\_  
LICENSE PLATE

\_\_\_\_\_  
PAYMENT

\_\_\_\_\_  
LEINHOLDER

\_\_\_\_\_  
YEAR MAKE/MODEL

\_\_\_\_\_  
LICENSE PLATE

\_\_\_\_\_  
PAYMENT

\_\_\_\_\_  
LEINHOLDER

**\*\*\*\* PLEASE INITIAL EACH OF THE ITEMS AND COMPLETE THE FOLLOWING IN THE PRESENCE OF A COURT CLERK:**

\_\_\_\_\_ I Swear or Affirm, under Penalty of Perjury, that the above information is true and complete and authorize the Wheat Ridge Municipal Court to verify any information I have recorded on this form, including but not limited to, authorizing my employer, bank and the like to release otherwise confidential information necessary to accomplish verification.

\_\_\_\_\_ I understand that I will need to supply additional information, including but not limited to, paycheck stubs, any bill impeding my financial standing, maintenance payments, and child support judgments.

\_\_\_\_\_ I understand I may be held in contempt of Court for providing false and/or incomplete information on this application.

\_\_\_\_\_ I will notify the Court, of any improvement in my financial condition from the date of this petition until the final disposition of my pending charges.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to this on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk of Court

**\*COURT USE ONLY:\***

**Forward Court Appointed Attorney requests to the Assistant City Attorney for completion of this section.**

RECOMMENDATION FROM CITY ATTORNEY

Will City Attorney recommend jail sentence if Defendant is convicted of offense in this case?

YES

NO

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
Date

ORDER

Based on the information contained in the Affidavit of Income and Expenses and the notes of the investigation, the Court (GRANTS) (DOES NOT GRANT) the Defendant's motion. The City Attorney (will recommend) (waives) a jail sentence if the Defendant is convicted of the alleged offense.

Dated this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By the Court:

\_\_\_\_\_  
Municipal Judge