



FINANCIAL DISCLOSURE FORM

1. Fill out form **COMPLETELY** 2. Attach documentation as required. 3. Attach additional sheets if more room is needed. 4. Define any answers marked "N/A"

Section 1. Personal Information

1. Full Name _____ 2. Home Phone _____ Cell Phone _____
 Mailing Address _____ Email _____
 Street Address _____ Education _____
 City _____ State _____ Zip _____ Degree _____
 County of Residence _____ Training _____
 How long at this address? _____ Certification _____
3. Marital Status: ☐ Married ☐ Separated ☐ Unmarried (Single, divorced, widowed)
 4. Your Social Security No. _____ 5. Your Date of Birth _____
 6. Passport No. _____ Country _____ 7. Alien/Visa Registration No. _____

8. List others in the household and their relationship to you (i.e. child, parent, roommate, and spouse):

9. ☐ Own Home ☐ Rent ☐ Other (specify, i.e. share rent, live with relative) _____
 10. Have you ever declared Bankruptcy? Yes/No When? _____ Where? _____
 Dismissed? Yes/No Discharged? Yes/No Repayment Plan Details? _____ Competed? Yes/No

Section 2. Employment Information

11. Your Employer _____ 12. Spouse's Employer _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Length of employment _____ Occupation _____
 Occupation _____ Salary/Rate of Pay _____
 Hours per week _____ Paid: ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly
 Pay is based on a ☐ Monthly Salary ☐ Hourly Rate of \$ _____ ☐ other: _____
 13. Unemployed due to ☐ Disability ☐ Involuntary layoff at work ☐ other: _____
 How long unemployed? _____
 14. Previous Employer _____
 Occupation _____
 Dates Employed _____
 If you are self-employed, are you current with your tax filings? Yes/No If not, please explain. _____

Please check one: ☐ Self-prepared ☐ CPA Name of accountant/firm _____



ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 6 months, or as otherwise directed, from each employer. If self-employed, please include proof of self-employment income for the prior 6 months (e.g. invoices, commissions, sales records, income statement, bank statements, accounts/notes receivables, lines of credit and credit cards).



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Section 3. Monthly Household Income Information (Per CRS 16-18.5-104)

Gross Monthly Income from salary & wages, including commissions, bonuses, overtime, self-employment, business income, other jobs & monthly reimbursement expenses.	\$	Social Security Benefits <input type="checkbox"/> SSDI <input type="checkbox"/> SSI	\$
Unemployment & Veterans' Benefits	\$	Disability, Workers' Compensation	\$
Pension & Retirement Benefits	\$	Interest & Dividends	\$
Public Assistance (TANF)	\$	Other-	\$
Total Gross Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts & Other Investments	\$	Contributions from Others	\$
Dependent Children's Monthly Gross Income. Source of Income: _____	\$	All other sources, i.e. personal injury settlement, non-reported income, etc.	\$
Rental Income	\$	Expense Accounts	\$
Child Support from Others	\$	Other -	\$
Spousal Support from Others	\$	Other -	\$
Total Monthly Miscellaneous Income			\$
I. Total Income			\$



ATTACHMENTS REQUIRED: Please provide proof of all sources of household income received for the past 6 months (i.e. pay stubs, earnings statements), or as otherwise directed, including pension/social security/other income from each payer, including any statements showing deductions.

Section 4. Monthly Deductions

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service	\$	Social Security Tax	\$
Medicare Tax	\$	Other -	\$
Total Mandatory Deductions			\$
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium Total number of people covered on Plan →	\$	Retirement/Deferred Compensation	\$
Child Care	\$	Garnishments	\$
Flex Benefit Cafeteria Plan	\$	Other -	\$
Total Voluntary Deductions			\$
II. Total Monthly Deductions			\$



Section 5. Monthly Household Expenses

A. Housing

	Cost Per Month		Cost Per Month
Mortgage	\$	Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	\$	Condo/Homeowner's/Maintenance Fees	\$
Rent	\$	Other - _____	\$
Total Housing			\$

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)	\$	Property Care (Lawn, snow removal, cleaning, security system, etc.)	\$
Internet Provider, Cable & Satellite TV	\$	Other - _____	\$
Total Utilities and Miscellaneous Housing Services			\$

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs	\$	Therapist	\$
Premiums (if not paid by employer)	\$	Other - _____	\$
Total Health Care			\$

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, & Maintenance	\$	Insurance & Registration/Tax Payments (yearly amount(s)/12)	\$
Bus & Commuter Fees		Other - _____	
Total Transportation			\$



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F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.	\$	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition	\$	Other -	
Total Children's Expenses and Activities			\$

G. Personal Education

-Please identify status: ☐ Full-time student ☐ Part-time student ☐ not currently enrolled

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	\$	Other -	
Total Education			\$

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance	\$	Child Support	\$
Recipient: _____	\$	Recipient: _____	\$
Recipient: _____	\$	Recipient: _____	\$
Arrears: _____	\$	Arrears: _____	\$
Total Maintenance and Child Support			\$

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees	\$	Subscriptions(Newspapers,Magazines, etc.)	\$
Charity/Worship	\$	Movie & Video Rentals	\$
Vacation/Travel/Hobbies	\$	Investments (Not part of payroll deductions)	\$
Membership/Clubs	\$	Home Furnishings	\$
Pets/Pet Care	\$	Sports Events/Participation	\$
Court Costs in another jurisdiction	\$	Bankruptcy Repayment Plan	\$
Other -	\$	Other -	\$
Other -	\$	Other -	\$
Other -	\$	Other -	\$
Total Miscellaneous			\$
III. Total Monthly Expenses (Totals from A – I)			\$



ATTACHMENTS REQUIRED: Please provide proof of **ALL** monthly expenses listed above (i.e. mortgage/lease documentation, insurance policies, utility bills, hospital bills, auto loan).



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Section 6. Unsecured Debt



ATTACHMENTS REQUIRED: Please provide statements for all items listed below.

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., Unsatisfied Civil Judgments, Student Loans, etc. Include co-maker or signature of all accounts. Do not list debts that are liens against your property, such as mortgages and car loans.

Name of Creditor	Account Number	Date of Balance	Balance	<u>Minimum</u> Monthly Payment Required	Principal Purchase(s) for Which Debt Was Incurred
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
IV. Unsecured Debt Balance			\$	\$	→Total Minimum Monthly Payment

***PLEASE ATTACH ADDITIONAL SHEETS IF MORE ROOM IS NEEDED.**

Section 7. Financial Statement Summary

Total Gross Income (Enter line from Section 3.I.) \$ _____

Total Monthly Deductions (Enter line from Section 4.II.) \$ _____

Adjusted Monthly Net Income (3.I. minus 4.II.) \$ _____

Total Monthly Expenses (Enter line from Section 5.III.) \$ _____

Total Minimum Monthly Payment Required \$ _____

- Debts Unsecured (Enter line from Section 6.IV.)

Adjusted Monthly Expenses and Payments (5.III. plus 6.IV.) \$ _____

Monthly Net Income less Monthly Expenses and Payments	\$ _____
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Section 8. Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you do not have assets in that category. Please attach additional copies of this section to identify your assets, if necessary.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$
B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc. (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$
C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	Type of Account	Account #	Balance as of Today
			\$
			\$
			\$
			\$
Total			\$
D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value today
		\$	\$
		\$	\$
		\$	\$
Total			\$



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E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	Estimated Value as of Today. Value = what you could sell it for in its current condition.	
	\$	
Total		\$
F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None	Total	\$
H. Miscellaneous Assets: If you own any of the assets identified below, please check the appropriate box. <input type="checkbox"/> None		
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts
<input type="checkbox"/> Annuities	<input type="checkbox"/> Trusts	<input type="checkbox"/> Other -
Total		\$
Total Value/Balance of All Assets (A – H)		\$



ATTACHMENTS REQUIRED: Please provide documentation of all above assets including mortgage agreements, bank statements (including money market and brokerage accounts), quarterly statements from investments, statements from life insurance policies, statements from lenders, etc. to support the above items.

Acknowledgement and Agreement

The undersigned specifically acknowledges and agrees that: 1. All statements made in this application are made for the purpose of requesting time to pay my assessed amounts, which are due immediately unless otherwise arranged. 2. The Court Collections Investigator may make verification or re-verification of any information related to this worksheet at any time, either directly or through a credit-reporting agency, from any source named in this application or other sources as deemed necessary. 3. In the event my payments become delinquent, the Court, its agents or assigns, may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency. 4. I understand I may be subject to wage garnishment, arrest and incarceration, additional fees or costs or further action if I fail to pay the assessed amount as agreed. 5. I certify and swear under penalty of perjury that the information provided in this worksheet is true and correct as of the date set forth opposite my signature on this worksheet and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this worksheet may result in further action being taken against me by the court.

Applicant's Signature

Date