

Northglenn Municipal Court, Adams County, Colorado 50 W. Community Center Drive, Northglenn, Colorado 80234 Phone Number: 303-450-8701   Fax Number: 303-450-8758 Email: court@northglenn.org	<p style="text-align: center;"><b>▲ COURT USE ONLY ▲</b></p>
THE PEOPLE OF THE STATE OF COLORADO AND THE CITY OF NORTHGLENN  v.  Defendant:	
<p style="text-align: center;"><b>REQUEST FOR EXTENSION</b></p>	

I am requesting an extension and a hearing on my request for an extension. This request is being submitted within 60 days of my previously attended sentencing date. I am unable to:

- ☐ Pay the fine in full.
- ☐ Complete the class.

**1. Financial Hardship** *(all must be checked and submitted with this form)*

- ☐ I am experiencing financial hardship.
  - a) If financial hardship applies, then the following documentation must be submitted with your request:
    - ☐ I have attached a financial affidavit.
    - ☐ I have attached the required supporting documents that demonstrate I am experiencing financial hardship.

**2. Attempts to complete the sentencing requirements:** *(please check all that apply)*

**Fine**

- ☐ I can make a partial payment in the amount of \$\_\_\_\_\_.
- ☐ I will be able to pay the fine in \_\_\_\_\_.

**Class**

- ☐ I have registered for the class that I was sentenced to complete. I am scheduled to complete the class on \_\_\_\_\_.
- ☐ I have not registered for the class that I was sentenced to complete.

**3. Additional reasons for my request:**

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#### 4. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

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Defendant Signature

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Printed Name

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Date

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Email address

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Phone Number

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Address

<b>NORTHGLENN MUNICIPAL COURT, COLORADO</b> 50 W. Community Center Drive Northglenn, CO 80234									
The City of Northglenn, v. Defendant: _____ _____ Party Without Attorney <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-right: 1px solid black; padding: 2px;">Name:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Address:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Phone:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Name:		Address:				Phone:		<b>▲ COURT USE ONLY ▲</b>  Case Number: _____ Ticket Number: _____
Name:									
Address:									
Phone:									
<b>Defendant's FINANCIAL AFFIDAVIT</b>									

**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: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____			
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Divorced/Civil Union Dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <b>Number in Household:</b> (including yourself) _____ <b>Identify Members:</b>			
Name _____	Age _____	Relationship _____	
Name _____	Age _____	Relationship _____	
<b>Gross Monthly Income (See Information on page 3)</b>		<b>Monthly Expenses (See Information on Page 3)</b>	
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)	\$ _____
<b>Total Income</b>	\$ _____	<b>Total Expenses</b>	\$ _____
<b>Cash on Hand</b> (Cash you are carrying or which is stored at home, etc.)	\$ _____	<b>Credit Cards:</b> (Show type and balance owed)  Type: _____ Balance \$ _____  Type: _____ Balance \$ _____	
Checking Account Balance	\$ _____	Name/Address of Bank: _____	
Savings Account Balance	\$ _____	Name/Address of Bank: _____	
<b>Stocks, Bonds, or other Investments Held Balance</b>	\$ _____	Type of Investment _____ Name/Location of Company/Corporation _____ _____ _____	
<b>Vehicles Owned</b> (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$ _____	Year _____ Model _____ License Plate _____ Year _____ Model _____ License Plate _____	
<b>House(s) or other Property</b> Estimate Value	\$ _____	Amount owed \$ _____ Year Purchased _____	
<b>IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.</b>			

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: \_\_\_\_\_

## CHECKLIST TO APPLY FOR REDUCED MONTHLY PAYMENT

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

- ◆ The \$30.00 in court costs is a non-waivable fee.
- ◆ 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.