

FILED  
March 18, 2015  
U. S. Bankruptcy Court  
District of Colorado  
Kenneth S. Gardner, Clerk

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF COLORADO

IN THE MATTER OF FEE WAIVER REQUESTS  
and ADDITIONAL DELEGATION TO THE  
CLERK OF THE COURT.

AMENDED GENERAL PROCEDURE ORDER NUMBER 2014-4(b)

This matter is before the Court to require the use of the attached exhibit that was revised from the June 30, 2014 version attached to the original General Procedure Order (GPO) Number 2014-4(b). Following the expiration of the public comment period and consideration of all comments received, the Court finds that the revised attached exhibit will provide more meaningful information regarding eligibility for the fee waiver and ability to pay in installments. All other provisions of GPO 2014-4(b) remain in full force and effect and the revised exhibit shall be used in all applications filed on and after April 1, 2015. Accordingly, it is

ORDERED THAT the revised attached exhibit shall be filed with all fee application waivers filed on and after April 1, 2015.

FURTHER ORDERED that all other provisions of GPO 2014-4(b) remain in full force and effect; a full version is posted on our website at [www.cob.uscourts.gov](http://www.cob.uscourts.gov) under General Procedure Orders.

Dated: March 18, 2015

BY THE COURT:

s/\_\_\_\_\_  
Michael E. Romero, Chief Judge  
Sidney B. Brooks, Judge  
A. Bruce Campbell, Judge  
Elizabeth E. Brown, Judge  
Howard R. Tallman, Judge

**SUPPLEMENT TO OFFICIAL FORM B 3B**

**SUPPLEMENTAL INFORMATION FOR IFP REQUEST**

(Must Be **Completed Entirely** By All Applicants: Note N/A on Inapplicable Lines)

1. Provide the following information about all sources of **monthly** income/money/benefits received:

Wages/Contract for labor/services	\$ _____
Any pension or annuity payments	\$ _____
Social security or disability	\$ _____
Food stamps	\$ _____
Medicaid/Medicare	\$ _____
Temporary Aid for Needy Families	\$ _____
Public or other housing subsidy	\$ _____
Workers compensation payments	\$ _____
Unemployment insurance payments	\$ _____
Other government aid or non-wage payments	\$ _____
Source(s): _____	
Family/friend assistance	\$ _____
Child/spousal support/maintenance	\$ _____
<b>Total of all sources:</b>	\$ _____

2. If you are self-employed please identify the average amount received **each month** from your business/services; if payments for your work are deposited; and, where or how those payments are tracked for taxes (W-2 and 1099):

<b>Average Monthly Revenue/Income</b>	<b>Average Monthly Business Expenses</b>	<b>How/Where Deposited?</b>	<b>W-2 or F1099 received for income tax purposes</b>

--	--	--	--

3. For **each** garnishment that you have been subject to in the **30** days prior to the filing of your bankruptcy case, please provide the following information:

<b>Name of Garnishing Creditor</b>	<b>Garnishment Amount (per pay stub or bank account)</b>	<b>Source of Funds (e.g. wages or bank account)</b>

*Attach additional pages if needed*

4. For each applicable source of funds **used to make the payments** to an attorney, bankruptcy petition preparer/typing service/paralegal in connection with the filing of this bankruptcy, provide the following information:

<b>Source of Funds to Pay for Bankruptcy Services</b>	<b>Amount Paid for Services</b>
Wages/Other Income	\$
Savings	\$
Gift or Loan from others	\$
Sale of Property: Identify Property Sold (type/location)	\$
Other sources	\$
Other sources	\$
<b>Total Amount Paid for Services from All Sources</b>	\$

*Attach additional pages if needed.*

By signing here under the penalty of perjury, I declare that the information provided in this supplement is true, complete and accurate:

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

### **Instructions**

**All required pay advices must be attached to and submitted with this form, or, if applicable, Local Bankruptcy Form 1007-6.1 Statement Under Penalty of Perjury Concerning Payment Advices.**

**GPO 2014-4(b) requires submission of completed Schedules I and J and the Official Fee Waiver form.**