



U.S. BANKRUPTCY COURT DISTRICT OF COLORADO

OFFICE OF THE CLERK

721 Nineteenth Street, Denver, CO 80202

(720) 904-7300

www.cob.uscourts.gov

PACER FEE EXEMPTION REQUEST FORM

Applicant Name: _____
Title: _____
Organization, if any: _____
Email Address: _____
Mailing Address: _____
Phone Number: _____
PACER Account No. (if known) _____

1. The Court may consider PACER Fee Exemptions for indigent persons, bankruptcy case trustees, individual researchers associated with educational institutions, courts, and 501(c)(3) not-for-profit organizations. Please select the relevant category:

- | | |
|--|---|
| <input type="checkbox"/> Indigent person | <input type="checkbox"/> Court |
| <input type="checkbox"/> Bankruptcy case trustee | <input type="checkbox"/> Not-for-profit |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Other (please describe): _____ |

**If you seek an exemption for your pending case, do not use this form.
Instead, you must file a motion for fee exemption in your case.**

2. Applicants must demonstrate an exemption is necessary to avoid unreasonable burdens and promote public access to information. Please describe the basis for this exemption (attach additional pages as needed):

3. Please estimate the expected length of the exemption, if allowed:

- The exemption is necessary through _____ (please specify date); or
- The exemption is necessary indefinitely because: (please explain and attach additional pages as needed):

4. Please agree to the following terms by signing and dating below.

- A fee exemption is necessary to avoid unreasonable burdens and promote public access to information.
- I understand any authorized fee exemption will apply only to me, will be valid only for the purposes stated and will apply only to the electronic case files of this Court that are available through PACER.
- I agree any data I receive through this exemption will not be sold for profit, will not be transferred, will not be used for commercial purposes, and will not be redistributed via the Internet; and
- I declare all the information I have provided on this application is true, and I understand that a false statement may result in termination of my exempt access and an assessment of PACER usage fees.

Signature

Date

5. Please submit your completed, signed application form to COBml_Admin@cob.uscourts.gov.