OTERO JUNIOR COLLEGE PETITION FOR IN-STATE CLASSIFICATION s:\np-stsrv\forms\adm\&rec\in-state.adm\\897ps									
IMPORTANT: Indicate the term for which you are petitioning: TERM YEAR									
STUDENT NAME (Petitioner): LAST		FIRST	M.	STUDENT I.D.#					
ADDRESS FOR REPLY: STREET		CITY	STATE	ZIP CODE	PHONE #		DAYTIME		
AGE: BIRTHDATE: MARITAL STATUS:			MARITAL STATUS:	DATE MARRIED:		FORM	ER NAME:		
Residency classification for tuition purposes is governed by Colorado Revised Statutes 23-7-101 et seq. The statute provides that the burden of proving a Colorado domicile rests squarely upon the petitioner. It is the petitioner's responsibility to provide adequate written information and supportive documentation as required by the "registering authority" (college). The determination of domicile for tuition purposes will be made by the registering authority on the basis of the written information and supportive documentation supplied with this petition. You must answer each of the following questions and attach all required documents. Failure to include any required document may render the petition invalid or make it impossible for an appropriate decision to be made. If the student is under 23 and is un-emancipated or if the student has turned 23 during the last twelve-months and was not previously emancipated, the parent or court-appointed legal guardian of the student must complete this petition. If a parent or court-appointed legal guardian completes this petition, the information provided must reflect the situation of the parent or court-appointed legal guardian rather than the student. This petition must be completed and submitted to the registering authority by the deadline established by the college.									

NAME OF PERSON COMPLETING THIS F	ORM IF NOT PETITIONER:		
ADDRESS:			
STREET	CITY	STATE	ZIP CODE
RELATIONSHIP TO STUDENT:		close: (1) a copy of the court decriving, do not provide substantial supplimary purpose of such appointment	ee or letters of guardianship, port to the minor child; and (3) is not to qualify the student as

1.	Are you a citizen of the United States	YES	NO
	a. If not, do you hold an immigrant status?		
	b. Date issued or status approved. Month: Day: Year:		
	c. Please attach a photocopy of both sides of your immigrant card.		
	d. Other status.		
2.	List all specific dates of physical presence in the state of Colorado.		
	a. FROM:\ \		
	FROM: \ \ TO: \ \ \ Year		
	b. Please attach proof of your presence in Colorado for the past twelve-months. (For example, photocopies of rent receipts, cancelled checks, or letters from landlords.)		
3.	Did you file a Colorado state income tax return in the last 12 months	YES	NO
	a. List exact years for which you have filed Colorado returns:		
	b. List exact years for which you have filed returns in another state:		
	c. If you did not file a Colorado return in the past twelve-months, please state reason(s):		
	d. Is Colorado income tax currently being withheld?		
	e. Attach photocopies of Colorado (federal) income tax returns for the past two-years. If Colorado returns were not filed, submit W-2 forms.		

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4.	Lis	st all employment for the past two years.		
	a.	Employer (Firm) Address City State		
	FR	ROM: TO: Month Day Year Month Day Year		
	b.	Employer (Firm) Address City State		
	FR	ROM: TO: Month Day Year Month Day Year		
	c.	Employer (Firm) Address City State		
	FR	ROM: TO: Month Day Year Month Day Year		
	d.	Employer (Firm) Address City State		
	FR	ROM:\ \ \ \ TO:\\ \ \ Month Day Year		
5.	H	ave you accepted future employment in Colorado?	YES	NO
	a.	Effective date of future employment: Month Day Year		
	b.	Attach a photocopy of contract or other proof.		
6.	Aı	re you registered to vote?	YES	NO
	a.	In what state?		
	b.	Date of last registration: Month Day Year		
	C.	If registered in Colorado, attach a photocopy of Certificate of Registration from County Clerk, or other date of registration.	er evidence	by the
7.	D	o you own, or are you the primary operator of, a motor vehicle?	YES	NO
	a.	In what state is it licensed?		
	b.	Dates of Colorado motor vehicle registrations during the past two years:		
NO	с. ГЕ:	Please attach photocopies of all Colorado vehicle registrations showing the exact dates of registrative years. If you do not currently own a motor vehicle, but have owned one during your presence in Colorado, photocopies of previous registrations, or verifying proof from the County Clerk and Recorder's office.	please atta	
8.	Do	you have a current motor vehicle operator's license/or State ID card?	YES	NO
	a.	In what state was it issued?		
	b.	Date of issue (Obtain picture) Month Day Year		
	c.	Please attach a photocopy of your motor vehicle operator' license.		
9.	D	o you own residential real property in Colorado?	YES	NO
	a.	Date purchased: Month Day Year		
	b.	Street City State		
	c.	Please attach documentation of the date the contract for purchase was signed, or a photocopy of the	e Warranty	Deed.
10.	D	o you maintain a home(s) in another state?	YES	NO
	a.	List state(s):		
	b.	List dates that you have resided in these home(s):		
11.	W	/as petitioner graduated from a Colorado high school?	YES	NO
	If s	so, when?		

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12.	YES	NO								
	Tuition Classifications									
Date	es At	ttended (Mo./Yr.) Institution	on In-State Out-of-State							
Fror	From To									
Fror	From To									
Fror	From To									
13.	13. Have you served in the Armed Forces during the past two years?									
	a.	If so, list dates of service.								
	FR	OM: ____\	Year TO:\\							
	b.	What period of this time were yo								
	FR	OM:\\ Day	Year TO:\\ Day Year							
	c.	Please attach a verified copy of	f your most recent W-4 filed with your military finance office.							
	d.	Please attach a copy of your D	D-214 form if discharged.							
			are under 23 years of age and emancipated, or (b) you have turned 23 If not applicable, proceed to #16.	in the past 12	2-months					
14.	a.	Please attach copies of parent parents complete Section 18 c	s' (or guardians') federal income tax returns during your period of e f this form.	mancipatior	and have					
	b.	List all financial support provided	by parents or guardian during the past 15-months.							
		Month(s) Year	Amount \$							
		Month(s) Year	Amount \$							
	C.	List the last year parents or guar	dian claimed you as a dependent on tax returns:							
	d.	List parents' or guardians' home	address and the dates you resided there the past two-years.							
		Address	Dates Resided (Month/Year)							
			From: To:							
			From: To:							
			From: To:							
	e.	List your sources of income from since your parents ceased provide	employment, loans, financial aid, personal savings, and gifts from parer ling financial support.	ts, relatives,	and friends,					
	NOTE: You must attach verifying proof and documentation for each income source during the past 12-months.									
	 If your income is provided by a trust fund, furnish written documentation (such as photocopies of legal papers setting up the trust) of the purpose for which the fund was formed, the date it was established, and the dates, amounts, and the persons by whom any money was added to the trust fund in the past 15-months. 									
	 If you have savings, they must be documented by photocopies of balance statements or passbook pages covering the entire 12-month period. 									
 If employment is used as an income source, list it in terms of yearly take-home totals (as documented by W-2 forms, statements from employers, etc.) rather than in terms of wages per hour, per week or per month. 										
SOURCE ADDRESS DATE AMOUNT										
-			TOTAL							

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f. List and compute expenses f	or the past twelve	months	S.		
Room per month	\$	x 12	= Total for year	\$	5
Board per month	\$	x 12	= Total for year	\$	5
Tuition and Fees			= Total for year	\$	5
Miscellaneous per month	\$	x 12	= Total for year	\$	\$
			TOTAL	\$	3
15. Supply any and all additional info	rmation you feel o	an help	to show your inter	nt t	o make Colorado your true, fixed, permanent home.
charges and disc	ciplinary action. Is given in this petit Pents requested. I	tion are If mv cir	accurate and com	iple ae.	eluded in this petition, the tuition will be void and any libe nullified. You may also be subject to criminal ete, and that all documents attached hereto are true and affecting the tuition status requested by this petition, I such change.
agree to riotily the emice of riamidators	o ana ricocrac in	witting	wami io dayo and	<i>31</i> 0	don onango.
Signature	of Petitioner (Stud	dent)			Date
Signature of parent or legal guardian o	completing this for	m			Date
Signature of parent of legal guardian of	ompleting this for				Date
State)				
County of	,				
Sworn to and subscribed before me th	IS				
					Signature of Notary Public
day of		_ , Date	·		
My Commission Expires:	(SEAL)				
iviy cuminission expires.	(SEAL)				

PETITION FOR IN-STATE CLASSIFICATION PARENT(S) STATEMENT FOR MINOR CLAIMING EMANCIPATION

17.	I, (We),			the parent(s) of							
		MINOR'S NAM	 IE		have	entirely surrendered the					
	right to care, cu	stody, and earnings									
	right to care, cu	stody, and carrings	. OI		MINOR'S NAME						
	As of	_//	The	e last time this	minor was claimed by me	(us) as a state or federal					
	Income tax exe	/	/	and he/she will not	be so claimed in this or						
	subsequent yea	rs. The only suppo	ort I (we) have	ve) have provided to this minor since emancipation has been:							
	Attached are photocopies of all federal income tax returns (not W-2 forms) covering the above period of emancipation.										
	The emancipation referred to herein in a the purpose of tuition classification.			lute emancipati	oever, and was not done for						
				Signat	ture of Mother	Date					
	Signature of	Petitioner		Signa	ture of Father	Date					
	of v of			(Each parent must complete this statement even though only one may have had custody. Separate forms may be used)							
	to and subscribe				Signature of N	of Notary Public					
		Day of	, Date _		·						
Му Со	mmission Expires	s:		(Seal)							
IMPOR	TANT: SIGNATURE	OF PARENT(S) MUST I	BE NOTARIZED) .							
NOTE:	LONGER EMANCIF	PATED, THE STUDENT A MINOR IS NO LONGE	IS SUBJECT 1	TO BEING RECLA	AN EMANICPATED MINOR, IT SSIFED AS A NONRESIDENT E SUPPORT BY PARENT(S) C						
			DO NOT W	VRITE IN TH	IIS SPACE						
Additio	onal Necessary In	formation									
Tuition	n Classification De	ecision: Approved		Denied	Date						
Effecti	ve:	Date:	Decis	ion Made By: _							
Furthe	r Action Taken:										