Record Request Form

## Denver District Court Records Dept.

1437 Bannock St. Room 256

Denver CO 80202

303-606-2300 Option 1, 5, 1 [DenverDCRecordsRequest@judicial.state.co.us](mailto:DenverDCRecordsRequest@judicial.state.co.us)

Please allow 3 business days to respond. The Clerk of Court can restrict access to court files or portions of court files by authority granted in the Colorado Revised Statutes/Rules, Supreme Court Rules, Chief Justice Directives and local administrative orders/directives. Suppressed cases or documents with protected information will require a U.S. government issued photo ID to access.

# Your Information

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Mailing Address: | |
| Email Address: | Phone Number: |

**Request Information**

*\*\*\* We may not be able to locate or confirm ownership of a record when information is limited\*\*\**

|  |  |  |
| --- | --- | --- |
| Case Number: \_\_\_\_\_\_\_\_ | Case Type: \_ |  |
| Date of Birth: \_\_\_\_\_\_\_\_ | Year Case Was Filed: | |
| Party Information (Name(s) on Case): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other identifying case/request information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Record Requested

|  |  |  |
| --- | --- | --- |
| Family Matters (DR) | Criminal Matters (CR) | Civil Matters (CV) |
| * Decree * Parenting Plan * Separation Agreement * Support Order * Petition | * Complaint * Probable Cause Affidavit * Disposition/Sentence Order * Protection Order * No Felony Record Letter for Denver   *A statewide criminal history check must be obtained through CBI* <https://www.cbirecordscheck.com/> | * Order for Judgment * Transcript of Judgment * Satisfaction of Judgment * Protection Order |

## **Miscellaneous:**

* Register of Action/ROA (a brief explanation of the case including but not limited to charges, sentences, and Court minute orders)
* Requested documents/information need to be certified/exemplified.
* Other (please describe):

Method of Payment:   
I will pay in person I will mail a check for payment I would like to pay with a credit card by phone\*  
\*CURRENT PHONE NUMBER TO BE CONTACTED FOR PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation of Fees and Costs:  *I am acting on behalf of a Government Agency (ID required)***

|  |  |  |  |
| --- | --- | --- | --- |
| Copy (per page) | $0.25 | Certification or Exemplification (per document) | $20 |
| Transcript of Judgment | $25 | Certificate of Satisfaction | $20 |
| Onsite Retrieval Fee (per case/search) | $5 | Research/Redaction Fee (assessed in 15 min. increments after the 1st hour) | $30 dollars per hour |
| Offsite Retrieval Fee | $12 | Postage assessed based on current USPS rate schedule. | |

*\*\*\*Cost will be provided by a records representative; payment is required prior to the fulfillment of a request\*\*\**