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

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\*\*\**