

# RECORD REQUEST FORM

Complete the following information to obtain copies of the requested records. Please allow up to 5 business days for processing of your request (mail time additional).

**DATE:** \_\_\_\_\_

## REQUESTOR INFO

Name of Requestor or Agency \_\_\_\_\_

Requestor's mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address (username@domain.com) \_\_\_\_\_

Daytime telephone number (including area code) \_\_\_\_\_

FAX number (including area code) \_\_\_\_\_

The results of this research request can be sent by Postal mail or in some cases sent by Fax (faxed to requestor only, if certification is not necessary). Which do you prefer?

MAIL \_\_\_\_\_ FAX \_\_\_\_\_

## BILLING INFO

You may be billed for costs of copies, searches, certifications, faxing and mailing if applicable.

Please provide us with the following information to cover these fees.

Credit card type: MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Expiration date (mm/yy): \_\_\_\_\_

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* \_\_\_\_\_

\*If you are using a Visa credit card you MUST include the 3-digit code found on the back of the card, otherwise we cannot process your payment.

## REQUEST FOR RECORDS

For copies from a file or specific case information please state the documents that you are requesting. (Fees are \$6.25 search, \$.75 copy, \$20.00 certification, complete listing of fees on websites at [www.courts.state.co.us](http://www.courts.state.co.us))

Case Number \_\_\_\_\_ Name of parties \_\_\_\_\_

Decree \_\_\_\_\_ Separation Agreement \_\_\_\_\_ Support Order \_\_\_\_\_ Disposition \_\_\_\_\_

Register of Actions \_\_\_\_\_ Charges \_\_\_\_\_ Sentencing \_\_\_\_\_

Other (specify) \_\_\_\_\_

Which if any of these documents need to be certified?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SEARCH INFO

If requesting a search please provide us with the following information:

Name(s) to be searched (first, middle, last): \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Additional information (AKA's, approximate year to search, type of case, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Case number(s): \_\_\_\_\_

Type of Search requested:

District Court \_\_\_\_\_ County Court \_\_\_\_\_ Both \_\_\_\_\_

(Search fee is \$6.25 per name/case number, \$6.25 per/15 minutes for extensive search or redaction)

**Your request may be submitted to the court by:**

Fax (719) 452-5007

E-mail at [04ResearchRequest@judicial.state.co.us](mailto:04ResearchRequest@judicial.state.co.us)

Mail: Clerk of Court  
El Paso County Combined Court  
Fourth Judicial District  
P.O. Box 2980  
Colorado Springs, CO 80901

**Please submit your request only once in order to prevent a double processing of documents and double charge to your account.**

**Due to the large number of request we do not provide confirmation of any request received.**