

# Jackson County Combined Courts (8<sup>th</sup> Judicial District) Record Request Form

**Please Refer to Instructions for Record Request for information regarding completing this form.**

THE CLERK OF COURT CAN DENY ACCESS TO COURT FILES OR PORTIONS OF A COURT FILE BY AUTHORITY GRANTED IN THE COLORADO STATE STATUTES, COLORADO RULES, SUPREME COURT RULES, CHIEF JUSTICE DIRECTIVES AND LOCAL ADMINISTRATIVE ORDERS AND DIRECTIVES.

## \$ FEES \$

\$ 5.00	per name request on current system or to initiate search
\$ 0.75	per page for copies - C.R.S. § 13-32-104(1)(a)
\$ 0.25	per page for copies of documents from e-filed cases
\$25.00	per hour charged for specific document search, records that must be retrieved from file storage, or other time-intensive research
\$ 20.00	per certified copy – <b>DO NOT REMOVE STAPLES</b>
\$ 1.00	extra per page for faxing or emailing
VARIES	postage

**Court case number (if you know it):** \_\_\_\_\_

**Name(s) to be searched:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Date of Birth:** \_\_\_\_\_

If more than 1 party in case, please

list the second primary party if known: \_\_\_\_\_

**Also Known As:** \_\_\_\_\_

**Search Dates:** (e.g., 2007-2009) From: \_\_\_\_\_ To: \_\_\_\_\_

**Type of Record (please describe nature of case and/or offense):**

\_\_\_\_\_

### **INFORMATION/DOCUMENT COPIES REQUESTED:**

- |   |  |
|---|--|
| <input type="checkbox"/> List of Case Numbers (\$5)   | <input type="checkbox"/> Case Disposition/Sentence Order/Judgment of Conviction    |
| <input type="checkbox"/> Summary of Case (Register of Actions/ROA)                              | <input type="checkbox"/> Decree of Dissolution                                     |
| <input type="checkbox"/> Separation Agreement   | <input type="checkbox"/> Parenting Plan  |
| <input type="checkbox"/> Order for Allocation of Parental Responsibilities                      | <input type="checkbox"/> Other (Specify document title and approximate date) _____ |
| <input type="checkbox"/> I need it certified with a Court seal (Cost is \$20 per certification) |  |

# Jackson County Combined Courts (8<sup>th</sup> Judicial District) Record Request Form (continued)

Coming in person to the Jackson County Combined Court is usually the fastest way to access your records. Our hours are 9:00 am – 1:00 pm Monday, Wednesday and Thursday, and 8:00 – 4:00 Tuesday. The Jackson County Combined Court is located at 396 Lafever Street, Walden, CO 80480. Please see “Instructions for Record Request” for additional information.

We will send the completed search information to the person requesting the information, not a third party. Consumer requests are completed in the order in which they are received. If you have a special need, please call 970-723-4363.

**Method of Payment:** (We can accept credit/debit card payments online **ONLY** or checks by mail)

I will pay in person     I will mail a check for payment\*     I would like to pay online with a credit or debit card\*

\* IF PAYMENT WILL BE MADE BY SOMEONE OTHER THAN THE REQUESTOR, PLEASE PROVIDE NAME OF PAYOR: \_\_\_\_\_

**Method of Delivery:** (RECORD REQUESTS WILL NOT BE DELIVERED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED)

Mail     Pick Up in Clerk’s Office     Email (non-certified copies only)     FAX (non-certified copies only)

Email Address or fax number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Please mail, fax, or email this completed Records Request Form and Proof of Party form (if required) as listed below. You will then receive from the Records Department a Costs of Request and Payment Instructions form.

**ATTN: Records**

Jackson County Combined Court  
396 Lafever Street  
PO Box 308  
Walden, CO 80480  
Phone: (970) 723-4363 Fax: (970) 970-723-4337 Email: [08RecordRequest@judicial.state.co.us](mailto:08RecordRequest@judicial.state.co.us)

SEARCH COMPLETED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Deputy Clerk

**NO RECORD FOUND**

**ENCLOSED**

**FILES PULLED**