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 ADMINISTRATION ORDERS AND DIRECTIVES.

|  |  |  |
| --- | --- | --- |
| **FEES [C.R.S. 13-32-104(1)(a)]** | | |
| $5.00 |  | Search fee per name on current system or to initiate search (1980 to present) |
| $0.25 |  | Copy fee per page |
| $0.25 |  | Copy fee per page from e-filed cases |
| $20.00 |  | Certification, authentication, exemplification fee |
| $0.75 |  | Postage and handling fee (up to 1 oz.) |
| $25.00 |  | Per hour fee (specific document search, retrieving records from storage, redaction, other time-intensive research) |
|  |  |  |
|  |  |  |
|  |  |  |

**Party Information** (Name(s) on case) Record Information

**\*\*Name** (required) \*\***Case Type** (required)

Choose an item.

**Alias (AKA, FKA OR NKA) County/location Record**

**Date of Birth or**

I do not know which county/location to seek and need assistance

Click here to enter a date.

**Your Information** Case Number

**\*\*Name**

**\*\*Email** (required) Additional information that may aid your search

(ie arrest date, lawsuit, amount etc)

**\*\*Phone Number** (required)

**Type of Document(s) Requested**

**Adoption Decree** **Charges**

**Divorce Decree** **Disposition/Sentence Order**

**Order for Judgment** **Name Change Decree/Order for Name Change**

**Parenting Plan** **Protection Order**

**Register of Actions** **Satisfaction of Judgment ($20.00)**

**Support Order** **Transcript of Judgment ($25.00)**

**Other** **Certification ($20.00)**

**We 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 Records (303) 464-5020**

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

### \*\*Please check one:

Pick Up in Clerk’s Office or  Mail

**\*\***Name: **\*\***

\*\*Address: \*\*

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\*\*Phone \*\*(     )

to complete your order.

**PAYMENT INFORMATION**If paying by MasterCard, Visa, or Discover, fill out below and include copy of Identification  
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**ATTN: Records**

Broomfield Combined Courts OR [BroomfieldRecordsRequest@judicial.state.co.us](mailto:BroomfieldRecordsRequest@judicial.state.co.us)

17 Descombes Drive

Broomfield, CO 80020

Phone: (303)464-5020

Notes to the clerk: