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.

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| **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: \*\*

 \*\*

\*\*Phone \*\*(     )

to complete your order.

**PAYMENT INFORMATION**If paying by MasterCard, Visa, or Discover, fill out below and include copy of Identification
 [ ]   [ ]   [ ]  \*\*Card Number       \*\*Exp. Date (required)
Mastercard Visa Discover \*\*CSC Number

 \*\*Signature       Amount

**\*\*Denotes required fields.**

**ATTN: Records**

Broomfield Combined Courts OR BroomfieldRecordsRequest@judicial.state.co.us

17 Descombes Drive

Broomfield, CO 80020

Phone: (303)464-5020

Notes to the clerk: