

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address:  In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number:  Division                      Courtroom
<b>COURT AUTHORIZATION FOR FINANCIAL DISCLOSURE</b>	

**To:** \_\_\_\_\_ (Name of person, financial institution, or entity having information regarding the following persons or entities:

- Petitioner \_\_\_\_\_ (Full Name)
- Co-Petitioner/Respondent \_\_\_\_\_ (Full Name)
- Financial Institution or Entity: \_\_\_\_\_
- Other: \_\_\_\_\_

### DOCUMENTS

You are hereby authorized to furnish to the persons and firms whose names are listed below as Authorized Persons for inspection and/or copying, all records, reports or writings regarding the financial or economic status, past or present, of the parties or entities identified above, and concerning any business or enterprise in which they have any ownership interest. You may request the necessary documentation to confirm identity, such as a date of birth or social security number.

By way of examples, and not limitation, you may furnish Authorized Persons with copies of stock options, trust agreements, brokerage reports, bank statements, cancelled checks, check registers, charges, credit card statements, credit reports, personal financial statements, applications for loans, and tax returns. As further examples, if you maintain retirement accounts, or are a retirement authority, such as PERA, FPPA, TIAA/CREF, civil service, or a plan administrator's office for a defined benefit plan, IRA, or defined contribution plan such as a 401(k), 403(b), 457 plans, or the Social Security Administration, you may furnish Authorized Persons with copies of statements concerning those accounts or plans, including benefit calculations.

Any Authorized Person making the request of you shall be solely responsible for all copying costs for himself/herself, and shall pay you for your charges at the time the copies are made available to them.

Any Authorized Person receiving documents pursuant to this Authorization shall, at their own cost, and without further request or Court Order, immediately supply a copy of each and every document received to the legal representative for the other party, or if the other party is proceeding without an attorney, then they shall supply such copies to that party.

### VERBAL CONVERSATIONS

In addition to supplying copies of requested documents, you are also permitted to speak in detail with Authorized Persons about such financial matters at times they have scheduled to speak with you on subjects they have designated in advance, whether or not a party or a party's legal representative is present, provided that the Authorized Person wishing to speak with you in detail:



in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.

in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Clerk

\_\_\_\_\_  
Notary Public/Clerk

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**It is so Ordered.**

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

Dated: \_\_\_\_\_

- \_\_\_\_\_  
 District Court Judge  
 District Court Magistrate

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**CERTIFICATE OF MAILING**

I certify that on \_\_\_\_\_ (date), I mailed this Court Authorization to the following:

- Petitioner
- Petitioner's Attorney
- Co-Petitioner/Respondent
- Co-Petitioner/Respondent/s Attorney
- Other

\_\_\_\_\_  
Signature of clerk or party mailing Court Authorization

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address of party mailing Court Authorization