Addendum A

COMPILED or AGGREGATE DATA REQUEST CONCERNING THE RELEASE OF ELECTRONIC DATA

Pursuant to CJD 05-01 Section 4.40: Colorado Judicial Department Public Access Policy

Requested By:	Date:
Agency/Organization:	
requestors (List all who will have	requestor and data will be shared among a group of
Mailing Address of primary requestor:	
Telephone Number:	e-mail:
Data Requested:	

I have read the Colorado Judicial Department's Public Access Policy and understand the limitations and permissible uses of this data.

I understand and agree to the following:

- (i) The Compiled Data will not be sold or otherwise distributed, directly or indirectly, to third parties unless all parties receiving data and requesting to only share the data among them, sign this Addendum and agree to its terms;
- (ii) The Compiled or Aggregate Data will not be used, directly or indirectly, to sell a product or service to an individual or the general public or, to solicit business for pecuniary gain;
- (iii) There will be no copying or duplication of Compiled or Aggregate Data provided unless all parties receiving data and requesting to share the data among them, sign this Addendum and agree to its terms;
- (iv) Compiled Data will not be made available on the Internet;
- (v) The data received are current as of the date and time that the data are gathered and are subject to change; and
- (vi) Recipients of Compiled or Aggregate Data are prohibited from tampering with or modifying reported data.

I understand the limitations of this data related to data entry. Though every effort is made to enter data in an accurate and standard form, records may not appear in the released data due to clerical coding issues. I understand there is a cost recovery fee that will be assessed for the compilation of data.

or privileged information. Date Signature Print Name Title for Agency/Organization (if any) If an entity intends to share data under (i) and (iii) above, representatives of all with whom data will be shared must also sign below. Separate pages referencing this request may be used. Date Signature Print Name Title for Agency/Organization (if any) Date Signature Print Name Title for Agency/Organization (if any) Date Signature Print Name Title for Agency/Organization (if any) Date Signature Print Name Title for Agency/Organization (if any)

I hereby release from liability and waive my right to sue the Judicial Department and its employees and agents for any claimed loss of privilege or other claimed injury due to disclosure of allegedly confidential