

RECORD REQUEST FORM

Complete the following information to obtain costs of requested records and **include a copy of your ID.**

You will receive a Notice of Fees via email, please check your spam or junk mail folders.

**** Note: We are NOT able to send requests to third parties for you. ****

**** Note: Please DO NOT provide credit card information. ****

DATE: _____

REQUESTOR INFO

Name of Requestor/Agency: _____

Requestor's mailing address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (username@domain.com) _____

Daytime telephone number (include area code) _____

FAX number (include area code): _____

The results of this research request will be sent by Postal Service mail.

You will be billed for costs of copies, searches, certifications, and mailing as applicable. You may pay with check or certified funds.

[Chief Justice Directive concerning assessment of court fees and costs](#)

REQUEST FOR RECORDS

For copies from a file or specific case information, please list the document(s) you are requesting.

Case Number: _____ Name of parties: _____

Documents Requested: _____

OTHER INFO

If requesting a name search, please provide us with the following information:

Name(s) to be searched (first, middle, last): _____

Date of birth (mm/dd/yyyy): _____

Additional information (AKA's, approximate year to search, type of case, documents requested, etc.): _____

Which if any of these documents need to be certified? _____

If check or money order payment is not received within 30 days, the request will need to be resubmitted.

Your request may be submitted to the court by:

E-mail: 04ResearchRequest@judicial.state.co.us

-OR-

Mail: Research Department
El Paso County Combined Court
Fourth Judicial District
270 S Tejon
Colorado Springs, CO 80903

**Please submit your request only once in order to prevent a
double processing of documents.**