

Date: _____

Denver District Court Records Dept.
1437 Bannock St. Room 256
Denver CO 80202
303-606-2300 Option 1, 5, 1



DenverDCRecordsRequest@judicial.state.co.us

Record Request Form

Please allow 3 business days to respond. The Clerk of Court can restrict access to court files or portions of court files by authority granted in the Colorado Revised Statutes/Rules, Supreme Court Rules, Chief Justice Directives and local administrative orders/directives. Suppressed cases or documents with protected information will require a U.S. government issued photo ID to access.

A statewide criminal history check must be obtained through CBI <https://www.cbirecordscheck.com/>

Your Information

First Name: _____ Last Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Request Information

*** We may not be able to locate or confirm ownership of a record when information is limited***

Case Number: _____ Case Type: _____

Date of Birth: _____ Year Case Was Filed: _____

Party Information (Name(s) on Case): _____

Other identifying case/request information: _____

Are you a party to the case? Yes No ID Verified: Yes No

Record Requested

Family Matters (DR)	Criminal Matters (CR)	Civil Matters (CV)
<input type="checkbox"/> Decree <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Separation Agreement <input type="checkbox"/> Support Order <input type="checkbox"/> Petition	<input type="checkbox"/> Complaint <input type="checkbox"/> Probable Cause Affidavit <input type="checkbox"/> Disposition/Sentence Order <input type="checkbox"/> Protection Order <input type="checkbox"/> No Felony Record Letter for Denver <input type="checkbox"/> (ID required)	<input type="checkbox"/> Order for Judgment <input type="checkbox"/> Transcript of Judgment <input type="checkbox"/> Satisfaction of Judgment <input type="checkbox"/> Protection Order
<input type="checkbox"/> Register of Action/ROA (a brief explanation of the case including but not limited to charges, sentences, and Court minute orders)		

Other (please describe): _____

Requested documents/information need to be certified exemplified

Are you submitting this document to another agency? Yes No

Method of Payment:

I will pay in person I will mail a check for payment I would like to pay with a credit card by phone

How would you like to receive your documents:

Mail E-mail Pickup

Explanation of Fees and Costs: I am acting on behalf of a Government Agency (ID required)

Copy (per page)	\$0.25	Certification or Exemplification (per document)	\$20
Transcript of Judgment	\$25	Certificate of Satisfaction	\$20
Postage assessed based on current USPS rate schedule.		Research/Redaction Fee (assessed in 15 min. increments after the 1 st hour)	\$30 dollars per hour

Cost will be provided by a records representative; payment is required prior to the fulfillment of a request