

DENVER COUNTY COURT, DENVER, COLORADO

Lindsey-Flanigan Courthouse, 520 W. Colfax Avenue, Room 160, Denver, Colorado 80204
(General Sessions/Criminal Division)

Email: dcccontinuance@denvercountycourt.org

Fax Number: (720) 337-0807

City and County Building, 1437 Bannock Street, Denver, Colorado 80202

(Traffic/Civil Division)

Fax Number: (720) 865-8259

COPY REQUEST

Directions: Complete and mail or deliver with payment to the appropriate Courthouse above (Denver County Court Records only).

NOTE: You must get information directly from the Police Department, Motor Vehicle or CBI. Pre-Sentence Investigation reports cannot be released.

***To request District Court Records (i.e. Divorce Decree, Felony Record, or Civil Suit in excess of \$15,000.00), DO NOT USE this form, visit the Colorado Judicial Branch website at www.courts.state.co.us**

Please Print or Type

Requestor's Name: _____ Phone Number: _____

Mailing Address: _____

Case Number	Defendant's Name	Defendant's DOB	Name of Document	Certified Y/N	Filing Date

Fees: \$.25 per page; \$25.00 per hour redaction fee (if extensive redaction is required); and \$20.00 per certification. Personal checks and money orders are not accepted, unless the Denver County Court Clerk's Offices are contacted by phone: Denver County Court General Sessions/Criminal, 720-337-0410, or Denver County Court Traffic/Civil, 720-865-7840.

Credit Card information must be submitted at the time of request. Please complete the following:

I hereby authorize the Denver County Court to charge my credit card account in an amount not to exceed \$50.00. (If request exceeds \$50.00 you will be contacted.)

Preferred method of contact:

Phone: _____ E-mail Address: _____

Visa MasterCard Discover _____ Exp. Date: ____ / ____ Zip Code: _____

Cardholder's Signature: _____ Date Signed: ____/____/____

COPY REQUEST AND NOTARIZATION

I, _____, swear and affirm under oath that I am a party to the listed case(s).

Signature of Requestor

The forgoing instrument was acknowledged before me in the County of _____, State of _____, this _____ day of _____, 20 _____, by the Requestor.

My Commission Expires: _____

Notary Public

Note: This verification and Notarization is only necessary if you are requesting documents by mail and you do not want the documents redacted.