

Larimer County Combined Courts (8th Judicial District) Record Request Form

Today's Date: _____ (mm/dd/yyyy)

Court case number (if you know it): _____

Name(s) to be searched: _____

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

Also Known As: _____

If more than 1 party in case, please

list the second primary party if known: _____

Search Dates: (e.g., 2007-2009) From: _____ To: _____

Type of Record (please describe nature of case and/or offense):

INFORMATION/DOCUMENT COPIES REQUESTED:

- List of Case Numbers (\$5) Case Disposition/Sentence Order/Judgment of Conviction
- Register of Actions/ROA (A brief explanation of the case including but not limited to charges, sentences and minute orders) Decree of Dissolution of Marriage
- Order for Allocation of Parental Responsibilities (Requires Proof of Party form; can only be faxed or mailed)
- Separation Agreement (Requires Proof of Party form; can only be faxed or mailed due to confidential nature of document)
- Parenting Plan (Requires Proof of Party form; can only be faxed or mailed due to confidential nature of document)
- Other (Specify document title and approximate date) _____

I need it certified with a Court seal (Cost is \$20 per certification. May be required for Social Security, DMV, passport, etc.)

Method of Payment: (We only accept credit/debit card payments by phone and checks or money orders by mail.)

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

Fees: \$0.25 per page for records, \$20 for certified/exemplified documents, \$25 transcript of judgement, \$1 postage fee.

*****PLEASE WAIT FOR STAFF TO CONTACT YOU WITH TOTAL AMOUNT DUE PRIOR TO SENDING PAYMENT*****

IF PAYMENT WILL BE MADE BY SOMEONE OTHER THAN THE REQUESTOR, PLEASE PROVIDE NAME AND PHONE NUMBER OF PAYOR: _____

Method of Delivery: (RECORD REQUESTS WILL NOT BE DELIVERED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED)

- Mail Pick Up in Clerk's Office Email (non-certified copies only) FAX (non-certified copies only)

Email Address or fax number _____

Name: _____

Address: _____

Phone (_____) _____

SEARCH COMPLETED THIS _____ DAY OF _____, 20____

Deputy Clerk



NO RECORD FOUND



ENCLOSED