

Fort Collins Municipal
Request for Court Records

Return:

In Person: 215 N Mason St, Fort Collins, CO
By Mail: PO Box 580, Ft Collins, CO 80522-0580
Email: court@fcgov.com

MUST INCLUDE COPY OF GOVERNMENT ISSUED PHOTO ID!

I, _____, request to inspect the Record(s)
of Official Action identified below.
Date of Request: _____

Please select one of the following options for type of record to be received:

There is a minimum fee of \$5.00 per record.

☐ Electronic Computer Case Registry Printout

☐ Copy of Official Paper Record (including copy of citation and disposition information)

The following information is needed to identify the correct record.

Case or citation #: _____

Defendant name: _____

Date of Birth: _____

Requestor's Information:

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____

According to Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

Limitations on Juvenile Records will apply.

I affirm that I will not use the records, or any portion of the records requested for the purpose of soliciting business for pecuniary gain.

Signature: _____ Date: _____

Witness: _____

☐ Will pick up

☐ Fax to: _____

***If you have any questions please contact the**

☐ Mail to: _____

Court at 970.221.6800 or court@fcgov.com*

☐ E-mail: _____

For Official Use Only

I.D. Verified ☐ Yes ☐ No Number of pages released _____

Record Released ☐ Yes ☐ No Total \$ Amount Charged _____

No Record Found ☐ Date Paid: _____

Record Release Denied ☐ – Attach Denial form.

If not immediately available: date will be available _____ Clerk Initials: _____