|  |  |
| --- | --- |
| **Court:** [ ]  District [ ]  JuvenileColorado County: Mailing Address:  | *This box is for court use only.* |
| **Parties:**Petitioner: &Respondent: *(Or Co-petitioner)* |
| **Filed by:**Name: Mailing Address: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Objection to Non-Disclosure of Information** |

The other party filed a declaration of non-disclosure of information. I object and request a hearing

pursuant to C.R.S. § 14-5-312 and/or C.R.S. § 26-13-102.8.

**1. My Information**

My name is: .

**2. Requested Information**

I request the following information be disclosed: *(check all that apply.)*

[ ]  The other party’s work address.

[ ]  The other party’s home address.

[ ]  The other party’s date of birth and/or social security number.

[ ]  An address where the other party can be personally served.

[ ]  The children’s home address.

[ ]  The children’s dates of birth or social security numbers.

[ ]  Other: .

**3. Reasons for Disclosure**

I need this information because:

**4. Certificate of Service**

I certify that on *(enter date)* , I gave a copy of this document to the other parties by: *(select at least one)*

[ ]  Colorado Courts E-Filing. [*www.jbits.courts.state.co.us/efiling*](http://www.jbits.courts.state.co.us/efiling)

[ ]  Email or Fax to: .

[ ]  Regular Mail, addressed to: *(name, full address)* [ ]  Hand Delivery, to: *(name, place)*

1) .

2) .

3) .

[ ]  If checked, I sent a copy to Child Support Enforcement.

*(Required if they are involved in the case.)*

**5. Sign & Date**

Print Your Name:

Signature Dated