|  |  |
| --- | --- |
| **Court:**  District  Juvenile  Colorado 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) | Case  Number:  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