|  |  |
| --- | --- |
| **Court:**  District  County  Colorado County:  Mailing Address: | *Event Code: AFSC*  *This box is for Court use only.* |
| **Parties:**  Plaintiff:  v.  Defendant: |
| **Filed by:**  Name:  Mailing Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Affirmation for Access to Suppressed Eviction Case** | |

I request access to the records in this case pursuant to C.R.S. § 13-40-110.5(5). I affirm that:

**1. I Am:**

An attorney other than a party’s attorney. C.R.S. § 13-40-110.5(1).

Acting on behalf of an attorney other than a party’s attorney.

**2. Permission**

A party in this case [the party] gave permission for me to access the suppressed court record.

**3. Purpose for Request**

I request access to the suppressed court record to:

**a)**  **Advice/Appearance**

Provide legal advice to, or to evaluate whether to enter an appearance on behalf of, the party; **or**

**b)  Mediation**

Evaluate whether the matter is suitable for mediation or to prepare for a mediation between the parties;

**And**

I am not accessing the records for commercial purposes other than those described in C.R.S. § 13-40-110.5(5)(c).

**5. Verified Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

**Form Completed By:**

Print Name:

Signature:

**Records to be Accessed by:**

Attorney Name:

Attorney Signature:

Bar Number: