

Court: <input type="checkbox"/> District <input type="checkbox"/> County Colorado County: _____ Mailing Address: _____	<i>Event Code: AFSC This box is for Court use only.</i>
Parties: Plaintiff: _____ v. Defendant: _____	
Filed by: Name: _____ Mailing Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	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: _____