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| District Court Denver Juvenile Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:In re:The Marriage of:The Civil Union of:Parental Responsibilities concerning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner:andCo-Petitioner/Respondent: |  COURT USE ONLY Case Number:Division Courtroom |
| COURT AUTHORIZATION FOR FINANCIAL DISCLOSURE |

**To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of person, financial institution, or entity having information regarding the following persons or entities:

* Petitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)
* Co-Petitioner/Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)
* Financial Institution or Entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DOCUMENTS

You are hereby authorized to furnish to the persons and firms whose names are listed below as Authorized Persons for inspection and/or copying, all records, reports or writings regarding the financial or economic status, past or present, of the parties or entities identified above, and concerning any business or enterprise in which they have any ownership interest. You may request the necessary documentation to confirm identity, such as a date of birth or social security number.

By way of examples, and not limitation, you may furnish Authorized Persons with copies of stock options, trust agreements, brokerage reports, bank statements, cancelled checks, check registers, charges, credit card statements, credit reports, personal financial statements, applications for loans, and tax returns. As further examples, if you maintain retirement accounts, or are a retirement authority, such as PERA, FPPA, TIAA/CREF, civil service, or a plan administrator's office for a defined benefit plan, IRA, or defined contribution plan such as a 401(k), 403(b), 457 plans, or the Social Security Administration, you may furnish Authorized Persons with copies of statements concerning those accounts or plans, including benefit calculations.

Any Authorized Person making the request of you shall be solely responsible for all copying costs for himself/herself, and shall pay you for your charges at the time the copies are made available to them.

Any Authorized Person receiving documents pursuant to this Authorization shall, at their own cost, and without further request or Court Order, immediately supply a copy of each and every document received to the legal representative for the other party, or if the other party is proceeding without an attorney, then they shall supply such copies to that party.

**VERBAL CONVERSATIONS**

In addition to supplying copies of requested documents, you are also permitted to speak in detail with Authorized Persons about such financial matters at times they have scheduled to speak with you on subjects they have designated in advance, whether or not a party or a party's legal representative is present, provided that the Authorized Person wishing to speak with you in detail:

1. Provides written assurance to you that they have previously given reasonable written notice to the other party or the other party's legal representative of their scheduled conversations with you so that the other party and/or his or her legal representative might also be present in person or by telephone when you are communicating with the Authorized Person wishing to speak in detail with you.

**and**

1. Provides written advance notice to the other party or the other party's legal representative of the subjects to be discussed with you.

Any Authorized Person conversing with you in detail pursuant to this Authorization in the absence of the other party and/or his or her legal representative is required to summarize in writing what the Authorized Person understands you told them within one week of such conversation and to mail a copy of that summary to you and to the other party or the other party's legal representative.

 **CONFIDENTIALITY**

All information and documents received pursuant to this Authorization shall be kept confidential and limited to the parties to this proceeding, Authorized Persons, legal representatives and accountants for the parties and their personnel, mediators and arbitrators mutually selected by the parties, and the Court and its personnel.

 **FURTHER PROCEDURES**

A photostatic or facsimile copy of this COURT AUTHORIZATION FOR FINANCIAL DISCLOSURE shall be considered as effective as the original. This Authorization shall be effective until one year following the date of this Order, at which time it is automatically revoked. It is automatically revoked earlier upon the entry of a Decree of Dissolution of Marriage/Civil Union or Decree of Legal Separation (Marriage/Civil Union) in this matter, or dismissal of the within action. **By use of this Authorization, any person making requests under it, under penalty of contempt, gives assurance to the person or entity from whom information is sought that this Authorization is still in full force and effect**. Accordingly, a person receiving a request by use of this Authorization is entitled to assume this Authorization is in full force and effect, and need not make further inquiry to verify same.

The following persons are Authorized Persons:

* Petitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)
* Co-Petitioner/Respondent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)
* Attorney for Petitioner Co-Petitioner/Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)
* Paralegal for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Esq. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)
* CPA for Petitioner Co-Petitioner/Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION AND ACKNOWLEDGEMENT

Your signature below indicates that you have read and agree with everything in this document. If both parties agree to this authorization for financial disclosure, both parties must sign. This document must be signed in the presence of a Notary Public.

I swear/affirm under oath that I have read the foregoing document and that the information provided/agreement set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner Signature Date Co-Petitioner/Respondent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Attorney Signature, if any Date Co-Petitioner’s/Respondent’s Attorney Signature, if any Date

Subscribed and affirmed, or sworn to before me Subscribed and affirmed, or sworn to before me

in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_. day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Clerk Notary Public/Clerk

**It is so Ordered.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 District Court Judge

 District Court Magistrate

# CERTIFICATE OF MAILING

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I mailed this Court Authorization to the following:

* Petitioner
* Petitioner’s Attorney
* Co-Petitioner/Respondent
* Co-Petitioner/Respondent/s Attorney
* Other

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of clerk or party mailing Court Authorization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address of party mailing Court Authorization