

Court: <input type="checkbox"/> District <input type="checkbox"/> Juvenile Colorado County: _____ Mailing Address: _____	<i>This box is for court use only.</i>
Parties: Petitioner: _____ & Respondent: _____ <i>(Or Co-petitioner)</i>	
Filed by: Name: _____ Mailing Address: _____ Phone: _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	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.ibits.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