

Addendum A

**COMPILED or AGGREGATE DATA REQUEST
CONCERNING THE RELEASE OF ELECTRONIC DATA**

Pursuant to CJD 05-01 Section 4.40: Colorado Judicial Department Public Access Policy

Requested By: _____ Date: _____

Agency/Organization: _____

Agency/Organization(s) if more than one requestor and data will be shared among a group of requestors (List all who will have access): _____

Mailing Address of primary requestor:

Telephone Number: _____ e-mail: _____

Data Requested: _____

Intended use of data: _____

I have read the Colorado Judicial Department's Public Access Policy and understand the limitations and permissible uses of this data.

I understand and agree to the following:

- (i) The Compiled Data will not be sold or otherwise distributed, directly or indirectly, to third parties unless all parties receiving data and requesting to only share the data among them, sign this Addendum and agree to its terms;
- (ii) The Compiled or Aggregate Data will not be used, directly or indirectly, to sell a product or service to an individual or the general public or, to solicit business for pecuniary gain;
- (iii) There will be no copying or duplication of Compiled or Aggregate Data provided unless all parties receiving data and requesting to share the data among them, sign this Addendum and agree to its terms;
- (iv) Compiled Data will not be made available on the Internet;
- (v) The data received are current as of the date and time that the data are gathered and are subject to change; and
- (vi) Recipients of Compiled or Aggregate Data are prohibited from tampering with or modifying reported data.

I understand the limitations of this data related to data entry. Though every effort is made to enter data in an accurate and standard form, records may not appear in the released data due to clerical coding issues. I understand there is a cost recovery fee that will be assessed for the compilation of data.

I hereby release from liability and waive my right to sue the Judicial Department and its employees and agents for any claimed loss of privilege or other claimed injury due to disclosure of allegedly confidential or privileged information.

Date

Signature

Print Name

Title

for Agency/Organization (if any)

If an entity intends to share data under (i) and (iii) above, representatives of all with whom data will be shared must also sign below. Separate pages referencing this request may be used.

Date

Signature

Print Name

Title

for Agency/Organization (if any)

Date

Signature

Print Name

Title

for Agency/Organization (if any)

Date

Signature

Print Name

Title

for Agency/Organization (if any)

Date

Signature

Print Name

Title

for Agency/Organization (if any)

Addendum B

**DATA MATCH REQUEST
CONCERNING THE RELEASE OF ELECTRONIC DATA**

Pursuant to CJD 05-01 Section 4.50: Colorado Judicial Department Public Access Policy

Requested By: _____ Date: _____

Agency/Organization: _____

Mailing Address: _____

Telephone Number: _____ e-mail: _____

Data Requested: _____

Intended use of data: _____

I have read the Colorado Judicial Department's Public Access Policy and understand the limitations and permissible uses of this data. I understand and agree to the following:

- (i) The data will not be sold or otherwise distributed, directly or indirectly, to third parties;
- (ii) The data will not be used, directly or indirectly, to sell a product or service to an individual or the general public;
- (iii) There will be no copying or duplication of the data provided;
- (iv) The data will not be made available on the Internet;
- (v) The data received are current as of the date and time that the data are gathered and are subject to change; and
- (vi) Recipients of matched data are prohibited from tampering with or modifying reported data.

I understand the limitations of this data related to data entry. Though every effort is made to enter data in an accurate and standard form, records may not appear in the released data due to clerical coding issues. I understand there is a cost recovery fee that will be assessed for the compilation of data.

I hereby release from liability and waive my right to sue the Judicial Department and its employees and agents for any claimed loss of privilege or other claimed injury due to disclosure of allegedly confidential or privileged information.

Date

Signature:

Print Name

Title

for Agency/Organization (if any)