

Please complete only if you have concerns for you or your child(ren)'s safety.

Request for Nondisclosure of Personal Information

If you have safety concerns for you or your family because your personal information including address, date of birth or social security number is shared with a court and is available to the other party, or you have had domestic violence issue and/or a restraining order, you may request an Affidavit of Nondisclosure of Personal Information (NDI).

You will be required to provide an alternate address at which you can receive mail. This address must be in Colorado. You must keep the county child support enforcement office informed of any change to this address. This address will be provided to the court and the other party.

Requesting NDI is a very serious matter and the Division of Child Support Services strongly encourages anyone experiencing domestic violence issues to contact the State of Colorado's Address Confidentiality Program. Their web site is www.acp.state.co.us for more information. This program provides an alternate address for qualified recipients. The address is located in Denver, Colorado and is a legal address at which service of process can be accomplished.

If you wish to request an Affidavit of Nondisclosure, complete the following information which is needed to prepare an affidavit. When your case has been initiated, you will receive an affidavit in the mail which you need to complete and return to the Child Support Enforcement Unit immediately. This only keeps information out of the court file, nothing else. If the other party knows where you live, this will NOT help you in keeping your current address confidential. A request for nondisclosure of personal information on court documents is NOT A PROTECTIVE ORDER.

I understand that I must provide an alternate address where I am willing to accept service of process and can receive mail. This address will be provided to the court and the other party. The address must be in Colorado. All legal documents will be sent to this alternative address.

Alternate Mailing Address:

Care-of (if applicable): _____

Address _____

City _____ State _____ Zip Code _____

SIGNATURE _____ DATE _____