

DOUGLAS COUNTY SHERIFF'S OFFICE RECORDS SEARCH / INFORMATION REQUEST APPLICATION

Address: 4000 Justice Way, Castle Rock CO 80109 Attn: Records Voice #: 303-660-7545 FAX #: 303-688-2602

WWW.DCSHERIFF.NET

In accordance with Colorado Revised Statutes, 24-72-201 through 206, concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Justice Records. The DCSO will provide, for the public, records in the custody of the Sheriff's Office that are legally allowed within the provision of the above referenced statutes. To request a copy of a record you MUST complete this form which is then retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 3 working days if the record requested is: in an inactive file, unusually long or needs to be reviewed by the DCSO Administration. There may be come instances that you will be referred to either the District Attorney and/or the Courts for information that we are not able to provide. Should your request be denied, you may request a written explanation. We only release reports created by Douglas County Sheriff's Office personnel.

PERSON REQUESTING SEARCH: *****PLEASE PRINT CLEARLY*****

TODAY'S DATE: _____ Time: _____

Name: _____ Date of Birth: _____ Driver's License # / State: _____ ID Presented: Y / N

Address: _____ Home Phone: _____ Work Phone: _____

Law Enforcement / Criminal Justice Agency: _____ Agency ID #: _____
(IF APPLICABLE) (IF APPLICABLE)

INFORMATION REQUESTED: PLEASE CHECK APPROPRIATE BOXES AND INDICATE CASE NUMBERS WHERE APPLICABLE

- CRIMINAL CASE REPORT #: _____ DUI REPORT #: _____ TRAFFIC CITATION/CR #: _____
- ACCIDENT REPORT # (Accident Forms only): _____ ACCIDENT REPORT # (Including Citations, Statements, etc., if any): _____
- DISPATCH TAPES (CR or Event ID#): _____ 911 Phones Radio JAIL RECORD AND/OR BOOKING #: _____
- SEX OFFENDER LIST CRIM HISTORY LETTER/BACKGROUND CK Criminal Only OTHER (Specify): _____
 Criminal & Traffic

Name of Party Involved in Report: _____ Sex: M / F DOB: _____
(Last) (First) (Middle/Initial)

Name of Party Involved in Report: _____ Sex: M / F DOB: _____
(Last) (First) (Middle/Initial)

Incident Date/Time: _____ Type of Incident: _____

Location of Incident: _____

Reason for request, to include requesting party's affiliation to incident: _____
(Purpose for obtaining record/information and how you are an interested party to the case)

I _____ affirm that this copy of record number _____ shall not be used for the direct solicitation of business
(Print your name) (I.E. Case Report #)

for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of requesting party: _____

RESULTS OF SEARCH: TO BE COMPLETED BY RECORDS PERSONNEL

IMMEDIATE RESPONSE:

- No Record Found
- Faxed Request Form, Fax # _____
- Record Furnished, list what was provided to include number of pages:
- Record Not Releasable, list reason why, and if referred, to who:

DELAYED SEARCH:

REASON FOR DELAY: _____

- To be notified by: _____
(CLERK'S NAME AND OSN)
- No Record Found
- Record Furnished, list what was provided to include number of pages:
- Record Not Releasable, list reason why, and if referred, to who:

Fee charged: \$ _____ Check # _____ Cash, receipt # _____

If no fee charged comments: _____

Search completed/redacted by: _____ OSN: _____ Initial: _____ Date: _____
(DCSO employee printed name)

Report released by: _____ OSN: _____ Initial: _____ Date: _____
(DCSO employee printed name)