



# CRIMINAL JUSTICE RECORDS REQUEST

Office of the District Attorney, 18<sup>th</sup> Judicial District

4000 Justice Way, Ste. 2525-A, Castle Rock, Co 80109

Phone: 720-733-4500 Fax: 720-733-4689

(Please complete the top three sections)

<b>Name of Requester</b>		<b>DOB</b>	
<b>Address</b>			
<b>City &amp; State</b>		<b>Zip Code</b>	
<b>Phone Number</b>		<b>Cell Phone</b>	

**\*\*NOTE:** You must submit a check for **\$25.00** with this request. This fee is non-refundable and is required before any search will be done. Your check should be made payable to the "Office of the District Attorney, 18<sup>th</sup> Judicial District." Other charges may be associated with completing your request and will be assessed in accordance with **C.R.S. 24-72-306.\*\***

Defendant Information	
<b>Defendants Name</b>	
<b>Defendant's Case No.</b>	
<b>List Specific Documents</b>	

Applicants Interest in Criminal Justice Records
<i>I affirm that any records I receive pursuant to this request will not be used for the direct solicitation of business for pecuniary gain. I affirm that if the criminal justice records contain photograph or photographs, such photograph or photographs will not be placed in publication or posted to a website that requires payment of a fee or other exchange for pecuniary gain to remove a booking photograph from the publication or website.</i>
Requester's Signature: _____ Date: _____

To be completed by District Attorney Records Department	
<b>Request Received</b>	Date: _____
<b>Action Taken</b>	Approved <input type="checkbox"/> Date Requester Notified: _____ Denied <input type="checkbox"/>
<b>Reason/Additional Information</b>	
<b>Copy forwarded to Discovery Clerk on</b>	Date/Time: _____ Signature: _____
<b>Request Completed</b>	_____ Record's Custodian Date/Time