

Gilpin County Sheriff's Office Application for Criminal Justice Records

Serwing Central City

Please completely fill out this form, sign and date. An incomplete form may delay your request. Completed requests are processed in the order received and may take up to 3 working days (CRS 24-72-303(3)). Such period may be extended for circumstances that exist. If the case is active at the Gilpin/Jefferson County District Attorney's Office, you will need to request the report directly from them.

There will be a \$5.00 per records search/ retrieval charge and \$0.25 per page copy fee. Copies of photos on a CD, if available, are \$10.00 per CD. Media recording of jail video and dispatch audio are \$25.00 for the first copy and \$10.00 for each duplicate. A separate request will need to be filled out for video and communications requests. Prepayment of fee is required.

Certain records may not be open for inspection or readily available. Records may also not be in the custody of the Gilpin County Sheriff's Office.

Please note that Gilpin County Sheriff's Office is the custodian of records for the Central City Police Department.

Today's Date:_____

Type of record(s) requested: Please check

| 0 | Mug Shot | |
|---|---|----------------------|
| | Name: | DOB: |
| 0 | Booking report | |
| | Name: | DOB: |
| 0 | Incident report/ Case report | |
| | Gilpin Sheriff Case # | Central City Case #: |
| | Type of case: | |
| 0 | Accident report | |
| | Gilpin Sheriff Case # | Central City Case #: |
| | | |
| | Individuals involved: | |
| 0 | Address location query | |
| | Address: | |
| 0 | Name search query | |
| | Name: | DOB: |
| 0 | Other | |
| | Please specify: | |
| 0 | Video and/or Communications (please fill out co | |
| | | |
| | | |

Requestor Information: please print clearly

| Name: | | | |
|-----------------|--------|------|--|
| Employer: | | | |
| Address: | | | |
| City, St., Zip: | | | |
| Phone: | Email: | | |
| | | | |



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Purpose of request: _____

Request for Juvenile Records:

Name of Juvenile named in report: _____

Your relationship to any juvenile named in the report: ____

Per Colorado Law only certain juvenile records are releasable and only to certain persons,. You are required to affirm your relationship and submit proof of relationship to juvenile.

PLEASE READ AND SIGN THE BELOW STATEMENT FOR ALL RECORDS REQUESTS:

According to Colorado Revised Statute 24-72-305.5, "Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business of pecuniary gain."

I, ________ acknowledge and understand the above statement and I affirm that I am not requesting this information for the solicitation of business for pecuniary gain.

Signature of requestor

Requests can be submitted to:

- Email: <u>records@gilpincounty.org</u> (preferred method)
- o Gilpin County Sheriff's Office at 2960 Dory Hill Rd., Suite 300, Black Hawk, CO 80422
- Fax (303) 582-3813

Reports not picked up by the applicant within 30 days will be destroyed. A new request will need to be made.

| <u>Office Use Only</u> | | | | | | | | | | |
|---|-----------|----------|----------------|-----------------|------------|--|--|--|--|--|
| Received date: | Time: | Ву м | vhom: | Approved | Denied | | | | | |
| Denied for the following: | | | | | | | | | | |
| Completed: | Time: | By whom: | Requestor r | notified: phone | mail email | | | | | |
| Amount owed: | Amount pa | id: | Released date: | By whor | n: | | | | | |
| Method of release: Personal Fax Mail Email | | | | | | | | | | |
| Method of payment: cash check credit waived | | | | | | | | | | |