ELBERT COUNTY SHERIFF'S OFFICE

REQUEST FOR CRIMINAL JUSTICE RECORDS SEARCH

The Elbert County Sheriff's Office will provide, for the public, records which are legally allowed 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. To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. Processing may take up to three (3) working days if the record requested is inactive, unusually extensive, or needs to be reviewed by the ECSO Administration. You will be notified once we determine if the report is releasable and how much it will cost. There may be some instances that you will be referred to either the District Attorney and/Courts for information that we are not able to provide. We only release reports created by Elbert County Sheriff's personnel. Should your request be denied, you may request a written explanation.

PLEASE PRINT CLEARLY

INCIDENT INFORMATION

Case Number: _____ Date/Time of Incident: _____ _____ ☐AM ☐ PM
(if known)

Location of Incident: _____

Person(s) Involved: _____ _____ ☐ Male
First Name Last Name ☐ Female DOB: _____

_____ _____ ☐ Male
First Name Last Name ☐ Female DOB: _____

Incident Type: ☐ Accident ☐ Arrest ☐ Summons (MTC) ☐ Crime: _____ ☐ Other: _____

REQUESTOR INFORMATION (are you a party to the case) ☐ Yes ☐ No

First Name: _____ MI: ____ Last Name: _____

Agency: _____ Phone: _____
(if Law Enforcement)

Address: _____ Fax: _____

City: _____ Sate: _____ Zip Code: _____ Email: _____

☐ Check this box if you are a victim to the incident or a Parent/Legal Guardian of a victim to the incident

DELIVERY
☐ Requestor will Pick Up
☐ Mail to Requestor Address
☐ E-mail to Requestor

I HEREBY AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY / PECUNIARY GAIN, AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR OFFENSE UNDER C.R.S. 24-72-309.

X_____
Signature of requestor (REQUIRED)

OFFICE USE ONLY

Date received: _____ Records Staff: _____
RESEARCH RESULTS Date Complete: _____
☐ Approved
☐ Denied
☐ Referred To: _____
If Denied, Reason: _____

Date Released: _____ No. of pages released: _____ Released to Requestor: ☐ Yes ☐ No
PAYMENT
☐ Cash ☐ Check ☐ Credit Card Cost of Report: _____

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sorecords@elbertcountysheriff-co.gov