



ELBERT COUNTY SHERIFFS OFFICE
 751 UTE. AVE, KIOWA, CO 80117 303-621-2027
SHERIFF TIMOTHY D. NORTON

REQUEST FOR CRIMINAL JUSTICE RECORDS SEARCH

The Elbert County Sheriff's Office will provide, for the public, records which; are legally allowed in accordance to C.R.S. 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 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. Such period maybe extended if unusually extensive circumstances exist. You will be notified once we determine if the report is releasable and how much it will cost. If the case is active and pending court disposition, you may be referred to the District Attorney's Office for discovery.

*****PLEASE PRINT CLEARLY*****

REQUESTOR INFORMATION: (Are you a party to the case?) YES NO **HOW ARE YOU A PARTY?** _____

Full Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Case/Booking # _____ Date/Time of Incident _____ AM PM

Location of Incident _____

CHECK INFORMATION REQUESTED: Check this box if you are a victim to the incident or a parent/legal guardian of the victim.

INCIDENT REPORT/CASE REPORT/PHOTOS: \$7.50 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL) THERE IS A FEE OF \$.25 PER EACH PAGE. NO CHARGE FOR FIRST COPY TO PERSONS LISTED AS A VICTIM OF THE REPORT.
 CASE # _____ INDIVIDUALS INVOLVED _____

CAD (Computer Aided Dispatch): \$7.50 FOR EACH ADDRESSED/PERSON SEARCHED (INCLUDES RETRIEVAL) THERE IS A FEE OF \$1.00 PER EACH PAGE.

BOOKING REPORT: \$7.50 FOR EACH BOOKING SEARCHED (INCLUDES RETRIEVAL) THERE IS A FEE OF \$.25 PER EACH PAGE.
 BOOKING # _____ NAME: _____ DOB: _____

MUG SHOT: \$7.50 FOR EACH PHOTO SEARCHED (INCLUDES RETRIEVAL) \$2.00 EACH ADDITIONAL PHOTO.
 BOOKING # _____ NAME: _____ DOB: _____

TRAFFIC ACCIDENT REPORTS: \$7.50 FOR EACH "STATE OF COLORADO TRAFFIC ACCIDENT REPORT" SEARCHED (INCLUDES RETRIEVAL) THERE IS A \$.25 PER EACH PAGE. . NO CHARGE FOR FIRST COPY TO PERSONS LISTED AS A VICTIM OF THE REPORT.
 NAME: _____ DOB: _____

OTHER: PLEASE SPECIFY _____

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

Signature of Requester (REQUIRED)

Date:

FOR INTERNAL USE ONLY: Date Received: _____ By Whom: _____ Date Completed: _____ By Whom: _____
 Payment: Cash Check # _____ Credit Card Cost of Report _____
 Delivery: email mail in person

P.O. Box 486 ~ 751 Ute Ave. ~ Kiowa, CO 80117 ~ 303-621-2027 phone ~303-621-2055 Fax ~ sorecords@elbertcounty-co.gov email

Revised 12/2019