



JEFFERSON COUNTY SHERIFF'S OFFICE APPLICATION FOR CRIMINAL JUSTICE RECORDS

MAILING ADDRESS: 200 Jefferson County Pkwy, Golden, CO 80401 / Attn: Records

PHONE: 303.271.5542 FAX: 303.271.5552

EMAIL ADDRESS: records@jeffco.us

BODY-WORN CAMERA (BWC) VIDEO REQUEST:

BODY-WORN CAMERA FEE SCHEDULE

JCSO reserves the right to take up to 10 business days to process BWC requests

Initial BWC Deposit – REQUIRED – Refundable if no record is available.	\$30.00 deposit
Research and Redaction Processing - Requires full playback of each video <i>before</i> redaction begins, to verify the involvement of each party in the video, ensuring that the video(s) is/are redacted in accordance with Colorado State Statutes.	\$30.00 per hour (1 hour minimum)
If requesting only 1 BWC video, an emailed link can be sent to the requestor free of charge.	Deposit only (unless redaction is needed)
8 GB Thumb Drive or 4 GB DVD (No outside drives accepted)	\$20.00 per drive
If total file size exceeds 4 GB, a thumb drive will be used. Requestor will be charged for each drive/disc used, in addition to the hourly fee.	\$12.00 per disc
Delivery Options - <input type="checkbox"/> Pick up <input type="checkbox"/> Email <input type="checkbox"/> Mail (Charge \$3.00 fee when items are mailed)	\$3.00 to mail

Today's Date:	
Requestor's Name:	
Phone Number:	
Email Address:	
Mailing Address:	
Involvement in Case:	<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Arrestee <input type="checkbox"/> Other (please explain): _____
Case Report #:	
Name(s) of Person(s) Involved:	
Date(s) of Birth (if known):	
Date & Time of Video:	
Location (Address, City, and/or Intersection):	
Name(s) or Badge #s of Involved Deputies:	

Do you need all BWC video related to this incident? Yes No

If you select NO, please provide a description of the footage you are specifically looking for below.

Your signature acknowledges that you will pay all Sheriff's Office fees associated with this request in advance of the release of any requested records and that you attest that these records will not be used for the direct solicitation of business for pecuniary gain, as required by C.R.S. § 24-72-305.5(1).

I have read and agree to the terms and the conditions stated above.

Signature _____

Date _____

FOR OFFICIAL USE ONLY

Photo ID verified Associated fees received

Date received: _____

Processed by: _____

Date completed: _____

Total amount due: _____

Total processing time: _____