



**JEFFERSON COUNTY SHERIFF'S OFFICE  
APPLICATION FOR CRIMINAL JUSTICE RECORDS**

**MAILING ADDRESS:** 200 Jefferson County Pkwy, Golden, CO 80401 / Attn: BWC Unit  
**PHONE:** 303.271.5542 **FAX:** 303.271.5552  
**EMAIL ADDRESS:** [JCSOBWC@jeffco.us](mailto:JCSOBWC@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\***

<b>Initial BWC Deposit – REQUIRED</b> – Refundable if no record is available.	\$30.00 deposit
<b>Research and Redaction Processing</b> - 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)
<b>8 GB Thumb Drive or 4 GB DVD</b> (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
<b>Delivery Options</b> - <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

<b>Today's Date:</b>			
<b>Requestor's Name:</b>			
<b>Phone Number:</b>			
<b>Email Address:</b>			
<b>Mailing Address:</b>			
<b>Involvement in Case:</b>	<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): _____
<b>Case Report #:</b>			
<b>Name(s) of Person(s) Involved:</b>			
<b>Date(s) of Birth (if known):</b>			
<b>Date &amp; Time of Video:</b>			
<b>Location (Address, City, and/or Intersection):</b>			
<b>Name(s) or Badge #s of Involved Deputies:</b>			

**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:** \_\_\_\_\_