



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

**Records Unit 303-271-5542 Fax: 303-271-5552
200 Jefferson County Parkway, Golden, CO 80401 Attn: Records**

Reply may take up to three working days. Please allow adequate time for processing and mailing.

Please check one of the following:

- MUG SHOT**
NAME _____ DOB _____ JCID # _____
- ARREST/RELEASE DATES**
NAME _____ DOB _____ JCID # _____
- BACKGROUND CHECK** (ARREST AND SUMMONS INFORMATION BASED ON SHERIFF'S RECORDS ONLY)
NAME _____ DOB _____
- CASE REPORT** CASE # _____ OR
NAME _____ DOB _____ ADDRESS _____
(Reporting Party or person listed in report)
NATURE OF CALL _____ DATE OF REPORT _____
- OTHER** _____

**PER COLORADO REVISED STATUTE 24-72-305.5 ACCESS TO RECORDS/DENIAL BY CUSTODIAN
USE OF RECORDS TO OBTAIN INFORMATION FOR SOLICITATION**

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 FOR PECUNIARY GAIN (MONETARY GAIN).

I, _____ ACKNOWLEDGE AND UNDERSTAND the above statement and I am not requesting this information for the solicitation of business for pecuniary gain.

Signature _____ **Date** _____

Address _____ **Phone** _____

City, State Zip _____ **FAX #** _____

*******TO PAY BY CREDIT CARD (VISA OR MASTERCARD) PLEASE ATTACH THE
'RECORDS CREDIT CARD INFORMATION FORM'**

FOR INTERNAL USE ONLY

REQUEST COMPLETED BY: _____ DATE: _____ CONTACTED: ____ L/M _____

PAYMENT PROCESSED BY: _____ DATE: _____

CASH CHECK MC/VISA AMOUNT \$ _____

REQUEST DENIED BY: _____ REASON: _____