



Gilpin County Sheriff's Office Application for Criminal Justice Records

*Serving
Central City*

Please 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 (CRS 24-72-303(3)). Such period may be extended for circumstances that exist. If the case is active at the Gilpin/Jefferson County District Attorney's Office, you will need to request the report directly from them.

There will be a \$5.00 per records search/ retrieval charge and \$0.25 per page copy fee. Copies of photos on a CD, if available, are \$10.00 per CD. Media recording of jail video and dispatch audio are \$25.00 for the first copy and \$10.00 for each duplicate. A separate request will need to be filled out for video and communications requests.

Certain records may not be open for inspection or readily available. Records may also not be in the custody of the Gilpin County Sheriff's Office.

Please note that Gilpin County Sheriff's Office is the custodian of records for the Central City Police Department.

Type of record(s) requested: Please check

- Mug Shot
Name: _____ DOB: _____
- Booking report
Name: _____ DOB: _____
- Incident report/ Case report
Gilpin Sheriff Case # _____ Central City Case #: _____
Type of case: _____
- Accident report
Gilpin Sheriff Case # _____ Central City Case #: _____
Location of incident: _____
Individuals involved: _____
- Address location query
Address: _____
- Name search query
Name: _____ DOB: _____
- Other
Please specify: _____
- Video and/or Communications (please fill out communications/ audio / visual media form)

Requestor Information: please print clearly

Name: _____
Employer: _____
Address: _____
City, St., Zip: _____
Phone: _____ Email: _____
Purpose of request: _____



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Request for Juvenile Records:

Name of Juvenile named in report: _____

Your relationship to any juvenile named in the report: _____

Per Colorado Law only certain juvenile records are releasable and only to certain persons,. You are required to affirm your relationship and submit proof of relationship to juvenile.

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PLEASE READ AND SIGN THE BELOW STATEMENT FOR ALL RECORDS REQUESTS:

According to Colorado Revised Statute 24-72-305.5, "Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. 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 of pecuniary gain."

I, _____ acknowledge and understand the above statement and I affirm that I am not requesting this information for the solicitation of business for pecuniary gain.

Signature of requestor

Requests can be submitted to:

- o Email: records@gilpincounty.org (preferred method)
- o Gilpin County Sheriff's Office at 2960 Dory Hill Rd., Suite 300, Black Hawk, CO 80422
- o Fax (303) 582-3813

Reports not picked up by the applicant within 30 days will be destroyed. A new request will need to be made. Prepayment will be requested.

Office Use Only

Received date: _____ Time: _____ By whom: _____ Approved Denied

Denied for the following: _____

Completed: _____ Time: _____ By whom: _____ Requestor notified: phone mail email

Amount owed: _____ Amount paid: _____ Released date: _____ By whom: _____

Method of release: Personal Fax Mail Email

Method of payment: cash check credit waived