Denver District Attorney’s Office

Colorado Open Records Act/Colorado Criminal Justice Records Act Request Form

Pursuant to Colorado Revised Statutes §24-72-200.1 et seq., and §24-72-301 et seq.:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Law Firm (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number of file you are requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the case—victim, family of victim, defendant, other (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the purpose of your request? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are an attorney, who do you represent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this request for the purpose of filing a 35(b) or 35(c) Motion for Reconsideration?

[ ] YES [ ] NO [ ]  Don’t Know

What documents would you like from our file? Please be specific or check the boxes below.

|  |  |
| --- | --- |
| [ ] A Copy of the Entire File  | [ ] Motions/Pleadings |
| [ ] Investigative Reports/Police Reports | [ ] Accident Reports |
| [ ] Witness Statements | [ ] Photographs |
| [ ] Interviews |  |

[ ] Other – Please Specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specifying the documents you are requesting above does not guarantee that we will be able to release them. The Colorado Criminal Justice Records Act, C.R.S. 24-72-301 et seq, (CCJRA) requires release of records of “official action,” from our case files. For all other criminal justice records, in accordance with the CCJRA disclosure is at the discretion of the custodian, and may be denied where the custodian believes disclosure would be contrary to the public interest. We will review your request and, if we are unable to provide any of the requested documents, we will notify you.

If a case involves a minor or a sex assault charge, we are NOT allowed to release any identifying information regarding minors or victims of sex assaults.

**Standard Fees**

Per case: $25 non-refundable check or money order to initiate and review the records requested. Minimum research and retrieval time and copying to one CD/DVD are included.

If the records request requires extended research and retrieval time, reproduction of bulk files (such as multiple boxes of records per case), or extensive redaction, or requires more than one CD/DVD to complete the request, an additional fee of $25 per case may be charged.

For cases involving a minor or a sex assault charge, if you are not the legal and custodial guardian of the juvenile or are not the sexual assault victim, additional releases will be required OR any and all identifying information will be redacted at your expense ($25/hour).

**Compiled Data & Fees**

Entities requesting compiled data as part of their records request must also sign the Compiled Data Request form.

CLICK HERE [Records Request for Compiled Data 2006](http://www.denverda.org/Policies/Records%20Requests%20for%20Compiled%20Data%202006%20Policy.pdf) for the office policy on compiled data and Request form. $25 non-refundable check or money order to initiate and review the records requested. Minimum research and retrieval time and copying to one CD/DVD are included.

A reasonable fee based on the hourly wage of the employee who collects and prepares the information, but no more than $25 per hour, will be charged after the first hour of research and compilation.

If production requires more than one CD/DVD to complete the request, an additional fee of $25 may be charged.

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Please submit a non-refundable check or money order in the amount of $25 (per case), payable to the Denver District Attorney’s Office, in order to initiate and review the records request. Payment of charges is required before copies will be released. We will notify you when copies are ready and what the total amount due will be.

By signing below you agree that the above information is accurate and that you are not requesting these records for the solicitation of business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

Please return this completed form along with a check or money order to:

**Denver District Attorney’s Office**

**Attn: Custodian of Records**

**201 W. Colfax Ave., Dept. 801,**

**Denver, CO 80202**