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.

PURPOSE FOR THE REQUEST: Please check one of the following:

❑ **MUG SHOT**
NAME____DOB____________________JCID #________________

NAME ____ DOB __________________JCID # ________________

❑ **BACKGROUND CHECK** (ARREST AND SUMMONS INFORMATION BASED ON SHERIFF'S RECORDS ONLY)

NAME____DOB___________________________

❑ **POLICE REPORT** CASE #______________________ OR

NAME _______________________________ DOB ___________ ADDRESS _________________________________
(Reporting Party or person listed in report)

NATURE OF CALL __________________________________ DATE OF OFFENSE ____________________________

❑ **LOCATION SEARCH (Unincorporated Jefferson County only)**

ADDRESS____

TIMEFRAME (DATES) REQUESTED: ____

❑ **OTHER:**____
(In/Out dates, Columbine documents, Sex Offender Lists, etc)

**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 #** ________________________________

FOR INTERNAL USE ONLY

❑ REQUEST GRANTED AUTHORIZED BY:____

☐ CASH ☐ CHECK ☐ MC/VISA AMOUNT $ ________________

❑ REQUEST DENIED (Reason:____)

COMPLETED BY:____ DATE: ____________________________

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TO BE COMPLETED BY CUSTOMERS USING MASTER CARD OR VISA FOR FAX OR MAIL REQUESTS

CREDIT CARD NUMBER____ **EXP. DATE**_____________________

SECURITY CODE __________________ **AUTHORIZED SIGNATURE** ____
(Last three digits that appear in signature panel on back of card)