



## CRIMINAL JUSTICE RECORDS REQUEST

**Office of the District Attorney, 9<sup>th</sup> Judicial District**

109 8th Street, Suite 308 Glenwood Springs, CO 81601

Phone: 970-945-8635

Email: info@9daco.org

(Please complete the top three sections)

<b>Name of Requester</b>	<b>DOB</b>	
<b>Address</b>		
<b>City &amp; State</b>	<b>Zip Code</b>	
<b>Phone Number</b>	<b>Cell Phone</b>	

\*NOTE: You must submit a check for \$25.00 with this request. This fee is non-refundable and is required before any search will be done. Your check should be made payable to the "Office of the District Attorney, 9th Judicial District" Other charges may be associated with completing your request and will be assessed in accordance with C.R.S. 24-72-306.\*

Defendant Information	
<b>Defendants Name</b>	
<b>Defendant's Case No.</b>	
<b>List Specific Documents</b>	

Applicants Interest in Criminal Justice Records
<i>I affirm that any records I receive pursuant to this request will not be used for the direct solicitation of business for pecuniary gain. I affirm that if the criminal justice records contain a booking photograph or photographs, such photograph or photographs will not be placed in publication or posted to a website that requires payment of a fee or other exchange for pecuniary gain to remove a booking photograph from the publication or website.</i>
Requester's Signature: _____ Date: _____

To be completed by District Attorney Records Department	
<b>Request Received</b>	Date: _____
<b>Action Taken</b>	Approved <input type="checkbox"/> Date Requester Notified: _____ Denied <input type="checkbox"/>
<b>Reason/Additional Information</b>	
<b>Copy forwarded to Discovery Clerk on</b>	Date/Time: _____ Signature: _____
<b>Request Completed</b>	_____ Record's Custodian Date/Time _____