



Archuleta County Sheriff's Office

Request to Inspect Criminal Justice Records

In accordance with Colorado revised statutes, 19-1-301 through 304, concerning children's code records and information act and 24- 72-201 through 206, concerning inspection, copying and photographing public records, and 24- 72-30 1 through 24- 72-309 concerning criminal justice records, the ACSO will provide, for public inspection, records in the custody of the sheriff's office which are legally allowed within the provision of the above referenced statutes. The sheriff's office is authorizing dissemination only to the below requestor in accordance with CRS 24- 72-305.S, secondary dissemination may violate this statute and will not be the responsibility of the sheriff's office. To request a copy of a record you must complete this form, which will be retained in the file of the requested record. All requests are processed as soon as reasonably possible and in accordance with the requirements of the Colorado Open Records Act for public records and the Colorado Criminal Justice Records Act for criminal justice records. In the event of extenuating circumstances, the request may be delayed. Your request may require approval through the district attorney's office. Should your request be denied, you may request a written explanation for any such denial. The fee shall be as detailed below.

Per CRS 24-72-306, a non-refundable research/retrieval fee of \$5.00 will be assessed for every request to inspect public records, whether or not the requested record is located. Actual costs will include staff time for research, retrieval and redaction at \$33.00 per hour. The \$5.00 initial fee will be applied to actual costs. (Redaction is the act of "blacking out" certain words or personal identifiers protected by law).

****There are certain reports that cannot be emailed and must be obtained in person upon providing proper identification.****

*Person requesting records: _____ Date requested: _____

Representing (name of firm/business) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

*Home phone# _____ *Cell phone# _____ *Work phone# _____

*Email address# _____ Fax# _____

Deputy: _____ Case Report# _____ Report date: _____

Person(s) involved in record _____

Requestor's involvement: victim witness suspect complainant arrestee Other

Check the box for the information you are requesting:

Case report: \$5.00 for each searched case (includes first ten pages of the report). There is a fee of \$0.25 per each additional page. Research and redaction fees may apply.

Case photographs (if available): \$2.50 each photo or \$15.00 per DVD, USB, Sim card or other electronic medium.

Body camera video / Jail video (if available): A \$33.00 per hour fee plus \$15.00 per DVD/USB.

Other: _____

Your signature acknowledges you will pay all sheriff's fees associated with this records request (all payments must be received in advance of releasing the requested records) and per statute 24-72-305.5, the searched records will not be used for the direct solicitation of business for pecuniary gain.

I have read and agree to the terms and the conditions stated above.

Signature: _____ Date: _____

This request may be faxed to the Records Department. Fax number: 970-731-4800

This request may be emailed to the Records Technician: sorecords@archuletacounty.org

Approval or Denial of Inspection (Office Use Only)

Received by: _____ by: email in person mail fax Date: _____

Processed by: _____ Date: _____ Time: _____

Your request has been: (please see reason below)

- Approved
- Approved by Investigations
- Denied by Investigations – Investigation pending (CRS 24-72-305 (5))
- Denied – Contrary to state statute (CRS 24-72-305 (1)(a))
- Denied – Prohibited by rules or order of court (CRS 24-72-305 (1)(b))
- Denied – Contrary to public interest (CRS 24-72-305 (5))
- Denied – Custody of record given to district attorney or _____ (CRS 24-72-305 (5))
- Other _____

Final Supervisor Approval _____

Furnished: in person mail fax

Amount of fee paid: \$ _____

Amount Due \$ _____