



# Request for Criminal Justice Information

## Colorado State Patrol

Section 1						REQUESTOR'S INFORMATION																	
NAME						COMPANY NAME																	
ADDRESS						CITY		STATE		ZIP													
PRIMARY PHONE#						FAX #																	
Section 2						DELIVERY METHOD AND SHIPPING INFORMATION																	
PREFERRED METHOD OF DELIVERY: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL						SHIPPING INFORMATION IS THE SAME AS REQUESTOR'S INFORMATION? <input type="checkbox"/> Yes																	
NAME				EMAIL ADDRESS				FAX #															
ADDRESS						CITY		STATE		ZIP													
Section 3						GENERAL INFORMATION																	
DATE OF REQUEST:						CSP CASE REPORT#:																	
DATE OF INCIDENT: (Please Indicate if Estimated <input type="checkbox"/> )						TIME OF INCIDENT: (Please Indicate if Estimated <input type="checkbox"/> )																	
LOCATION OF INCIDENT: (Please Indicate if Estimated <input type="checkbox"/> )						COUNTY OF INCIDENT:																	
Section 4						TYPE OF REQUEST																	
<input type="checkbox"/> Basic Crash Report \$5		<input type="checkbox"/> Citation \$5		<input type="checkbox"/> Complete Case File \$5 (1 <sup>st</sup> 10 pages) \$0.25 each additional page		<input type="checkbox"/> CSP Record Check \$7.50																	
<input type="checkbox"/> Photographs CD or DVD \$25 per disk + \$5 postage		<input type="checkbox"/> Dash Cam CD \$25 per disk + \$5 postage (Additional fee of \$30 per hour for redactions if needed)		<input type="checkbox"/> Dispatch Detailed Incident Report \$1.00 per page		<input type="checkbox"/> Dispatch Audio (365-day retention from date of incident) Hourly Rate + \$25 per disk + \$5 postage. (Additional fee of \$30 per hour for redactions if needed)																	
Section 5						INVOLVED TROOPER(S)																	
NAME				ID #		NAME				ID #													
Section 6						INVOLVED PARTIES																	
NAME			<input type="checkbox"/> Juvenile			DOB			NAME			<input type="checkbox"/> Juvenile			DOB								
NAME			<input type="checkbox"/> Juvenile			DOB			NAME			<input type="checkbox"/> Juvenile			DOB								
YOUR RELATIONSHIP TO ANY JUVENILE NAMED IN THE REPORT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> ATTORNEY OF RECORD <input type="checkbox"/> Other (Please Indicate) _____ You are required to affirm relationship or submit proof (copy of ORIGINAL birth certificate or court documents) otherwise ALL juvenile(s) name will be redacted as per statute.																							
Section 7												PECUNIARY GAIN AFFIRMATION											
<b>PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN. I HEREBY AFFIRM AND/OR SWEAR THAT THE RECORDS I OBTAIN FROM THE COLORADO STATE PATROL AS A RESULT OF THIS RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.</b>																							
<b>DATE</b>						<b>SIGNATURE</b>																	

## Section 8

## Please complete the information below for Credit Card Payments ONLY:

Credit Card services are made possible under the authority of Colorado Statewide Internet Portal Authority as designated in statute CRS 24.37.7-101, and are subject to an e-commerce portal pricing.

Page Count	Report Cost	Portal Transaction	Transaction Total
1-10 pages	\$5.00	\$0.88	\$5.88
11	\$5.25	\$0.89	\$6.14
12	\$5.50	\$0.89	\$6.39
13	\$5.75	\$0.90	\$6.65
14	\$6.00	\$0.90	\$6.90
15	\$6.25	\$0.91	\$7.16
16	\$6.50	\$0.91	\$7.41
17	\$6.75	\$0.92	\$7.67
18	\$7.00	\$0.92	\$7.92
19	\$7.25	\$0.93	\$8.18
20	\$7.50	\$0.94	\$8.44
21	\$7.75	\$0.94	\$8.69
22	\$8.00	\$0.95	\$8.95
23	\$8.25	\$0.95	\$9.20
24	\$8.50	\$0.96	\$9.46
25	\$8.75	\$0.96	\$9.71
26	\$9.00	\$0.97	\$9.97
27	\$9.25	\$0.98	\$10.23
28	\$9.50	\$0.98	\$10.48
29	\$9.75	\$0.99	\$10.74
30	\$10.00	\$0.99	\$10.99

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Card Number: _____ Expiration Date: _____ CVC# _____
Cardholder Name: _____
Billing Address: _____ City, State, Zip: _____
Phone# _____ Email: _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**FOR PAYMENT BY CHECK PLEASE SEND REQUEST & PAYMENT BY MAIL TO:**

**Colorado State Patrol - Central Records Unit  
700 Kipling St. Lakewood, CO 80215**

**Phone - 303-239-4180**

**Email - [cdps\\_csprecords@state.co.us](mailto:cdps_csprecords@state.co.us)**