Request for Criminal Justice Records

Requester Name: _____ Agency: _____

Requester Phone: _____ Email: _____

Records Requested: (Include client/defendant name, specific documents, program names, case numbers and dates)

_____

_____

_____

Purpose of Request: _____

Date of Request: _____ Requested Date to Receive Records: _____

Please note: Criminal Justice records are subject to the Colorado Criminal Justice Records Act (C.R.S. 24-72-301 et seq.),

Below is the authorization to release records/information on the following client/defendant:

Client/Defendant Name: _____ Client/Defendant Date of Birth: _____

I, _____, authorize the release of the above listed Records Requested

TO: The above-named Requester and Agency

Please check next to each program you are requesting records from:

FROM: ____Mesa County Community Corrections ____ Summit View Treatment Services ____ Community Based Services

**Client will initial ONLY those types of information to be disclosed that apply to the specific release identified above.
CJSD will only release work product done by CJSD**

Client Initial		**Client Initial**	
	Referrals: To CJS programs and to outside services		**Sentencing and Court Information**
	Evaluations/Assessment - *Protected information requires client/defendant signing additional releases.*		**Program Discharge Information**
	Contracts and Intake Documents		**Program Progress:** Case Plans, assignments, summaries
	Behavioral: Incentives and Disciplinary actions		**Treatment -** *Protected information requires client/defendant signing additional releases*
	Financial		**Treatment progress reports -** *Protected information requires client/defendant signing additional release*
	Community Based Information: *Pretrial, UPS, Deferred Judgement, etc*		**Medical -** *Protected information requires client/defendant signing additional releases*

_____   _____

Client Signature   **Date**

Please note: I understand that this authorization will either expire when my supervision terminates or if not currently involved with the program, this authorization will expire twelve (12) months from the date of my signature above.