

# Arvada Municipal Court Public Access to Records Request Form

**Step 1:** Submit this completed form.

**Step 2:** Submit the appropriate fee (as shown in the Courts' Administrative Fee Schedule) for search and production of the requested records. If the costs of the search and production of the requested records can only be estimated, you will be notified if the estimated costs exceed \$10.00. Dispositions are \$5.00 and Audio CD's are \$10.00. Audio recordings are only available for delivery by mail or in person pickup.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

In accordance with the Arvada Municipal Court's Rules and Regulations Related to Public Access to Criminal Justice Records, I am requesting the following records (check only one):

**A Court records check** (a "disposition" or "name" search) for any Arvada Municipal Court records about:  
Person's name and DOB: \_\_\_\_\_

**Records from a specific Arvada Municipal Court case:**  
Specify the Arvada Municipal Case #: \_\_\_\_\_  
List the defendant's name and DOB: \_\_\_\_\_

**Other records.**  
Specify the record or records requested: \_\_\_\_\_  
\_\_\_\_\_

My relationship to any juvenile named in the records request (Parent? Guardian? etc.):

\_\_\_\_\_

Preferred Method Sent:

Pick up in person

Email

Fax

Mail

I hereby affirm that any records I receive as a result of this request will not be used for the direct solicitation of business for pecuniary gain, pursuant to C.R.S. 24-72-305.5

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Applicant's Signature

Submit this form to the Court Administrator by email at [arvadamunicipal@arvada.org](mailto:arvadamunicipal@arvada.org), by fax at 720-909-7164, or by mail to Court Administrator, 8101 Ralston Road, Arvada, CO 80002

05/2022