

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

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:
(list the 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.):

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, by fax at 720-898-7164, or by mail to Court Administrator, 8101 Ralston Road, Arvada, CO 80002