



IDAHO SPRINGS POLICE DEPARTMENT

Schedule of Fees

for the

Provision of Criminal Justice Records

The following fees will be charged for providing materials pursuant to the Colorado Children's Code Records and Information Act, C.R.S §_19-1-302, and the Colorado Criminal Justice Records Act, C.R.S §_24-72-301 *et seq.*

Criminal Justice Records - Research, Review, Production and/or Redaction Fees

The Idaho Springs Police Department shall charge \$30.00 an hour for all staff time associated with locating and producing records, and may charge an hourly rate greater than \$30.00 an hour when specialized document production or specialized skills are required to locate, compile or produce records. C.R.S. § 24-72-306. In addition, if the Record Custodian estimates that required Staff time will likely exceed one hour, a deposit in the amount of fifty percent (50%) of the estimated costs of Staff time will be required before the request is processed.

Printed Materials

Criminal Justice Record Search Fee (under 15 minutes).....	\$ 7.50
Background Checks (City of Idaho Springs Only).....	\$7.50
Criminal Justice Record Search Fee (per hour).....	\$30.00
Each one-sided photocopied page.....	\$.25
Each double-sided photocopied page.....	\$.50
Any other materials (e.g. folders, dividers).....	Actual Cost

**All review, production and/or redaction time is additional.*

Clearance Letter/Agency Background or Records Check (ISPD only)

_____ Clearance Letter/Background and/or Records Check..... \$ 7.50

Multimedia-Audio, Body Worn Camera Video and photographs

_____ Under 700 MB of data on CD copied	\$ 5.00
_____ Over 701 MB to 4.0 GB of data on DVD copied.....	\$10.00
_____ Over 4.0 GB to 8.0 GB of data on thumb drive copied	\$15.00
_____ Over 8.0 GB of data on thumb drive copied	\$20.00
_____ Postage (for all records).....	\$ 5.00
_____ Convenience Fee (Credit cards only)	\$ 3.00

**All review, production and/or redaction time is additional.*

Crash Reports

_____ Motor Vehicle Crash Report Only.....\$10.00

Rights Afforded to VRA Victims

A victim of a Victims Right Act (VRA) crime has the right to receive one free copy of the initial/basic criminal report at the discretion of the Idaho Springs Police Department. C.R.S. § 24-4.1-302.5(b.9)



Idaho Springs Police Department

Request for Criminal Justice Information

Section 1. GENERAL INFORMATION

DATE OF REQUEST: .	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 checked="" type="checkbox"/>	OFFICER INVOLVED (If Known):

Section 2 REQUESTOR'S INFORMATION

NAME	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE #	CELL PHONE#	FAX #	

Section 3 DELIVERY METHOD AND SHIPPING INFORMATION

PREFERRED METHOD OF DELIVERY &/OR NOTIFICATION OF CHARGE FOR YOUR REQUEST:
 FAX MAIL EMAIL

NAME	EMAIL ADDRESS	FAX #
MAILING ADDRESS	CITY	STATE ZIP

Section 4 PECUNIARY GAIN AFFIRMATION

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 IDAHO SPRINGS POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

DATE	SIGNATURE
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Section 5 INVOLVED PARTIES

NAME <input type="checkbox"/> Juvenile	NAME <input type="checkbox"/> Juvenile
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YOUR RELATIONSHIP TO ANY JUVENILE NAMED IN THE REPORT PARENT LEGAL GUARDIAN ATTORNEY OF RECORD
 Other(Please Indicate) _____
You are required to affirm relationship or submit proof (ORIGINAL birth certificate, court documents) or fill out the Attestation For Juvenile form otherwise juvenile(s) name will be redacted as per statute.

TYPE OF REQUEST	<input type="checkbox"/> Basic Police Report <input type="checkbox"/> Full Police Report* <i>*(Includes all paperwork) See Fee Schedule</i>	<input type="checkbox"/> Full Police Report with Pictures/BWC DVD/CD <i>See Fee Schedule</i>	<input type="checkbox"/> Crash Report <i>See Fee schedule</i>	<input type="checkbox"/> Crash Report with Pictures/BWC on DVD/CD <i>See Fee Schedule</i>	<input type="checkbox"/> Background/Records Check <i>See Fee Schedule</i>
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All requests for records must be submitted on the appropriate Idaho Springs Police Department Request for Criminal Justice Information Form. Forms must be filled out completely, and the pecuniary gain statement must be signed (section 4) per Colorado Revised Statute §24-72-305.5.

Colorado Revised Statute states that some reports may require redaction before release.

Please note we will not process any requests until a signed request form and the appropriate fee/deposit have been received

***CREDIT CARD (\$3.00 CONVIENCE FEE), CHECK OR CASH
 BRING YOUR REQUEST & PAYMENT INTO THE OFFICE OR MAIL
 YOUR REQUEST & PAYMENT TO:
 Idaho Springs Police Department P.O. Box 907
 3000 Colorado Blvd. Idaho Springs, CO. 80452
 Phone: 303-567-4291 Fax: 303-567-1014
 Email:pdrecords@idahospringsco.com**

OFFICE USE ONLY	
FORM COMPLETE: Y _____ N _____	TOTAL COST: _____
SEARCH FEE: _____	PAGES @ \$.25 \$ _____
CC CHARGE/OTHER: _____	DATE PAYMENT REC'D: _____
CREDIT CARD <input type="checkbox"/> LAST 4 CC # _____	CHECK <input type="checkbox"/> CASH <input type="checkbox"/>
REQUEST DELIVERED: OFFICE _____ EMAIL _____ FAXED _____ MAILED _____	
REQUEST DENIED: Y _____ N _____	REASON: _____
SIGNED: _____ DATE: _____	