

**CASTLE ROCK MUNICIPAL COURT  
RECORD SEARCH / INFORMATION REQUEST**

In accordance with Colorado Revised Statutes, 24-72-201 through 206, concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Justice Records. The Castle Rock Municipal Court will provide, for the public, records in the custody of the Castle Rock Municipal Court that are legally allowed within the provision of the above referenced statutes. To request a copy of a record you must complete this form, which is then retained in the file of the requested record. Requests may take up to three (3) working days. There may be some instances that you will be referred to the Police Department for information that we are not able to provide. Should your request be denied, you may request a written explanation.

**\*\*\*THE FOLLOWING PRINTED NAME AND SIGNATURE ARE MANDATORY\*\*\***

I, \_\_\_\_\_ affirm that this copy of docket # number \_\_\_\_\_ shall not be used  
*(print your name)*  
for direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of requesting party: \_\_\_\_\_

\*\*\*\*\*

DATE OF REQUEST: \_\_\_\_\_

PERSON REQUESTING SEARCH *(please print clearly)* \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for request, to include requesting party's affiliation to incident: \_\_\_\_\_

\_\_\_\_\_

For Pick Up: \_\_\_\_\_ Phone Number: \_\_\_\_\_

To Be Faxed: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Be Mailed: \_\_\_\_\_ Address: \_\_\_\_\_

Prepared By: \_\_\_\_\_