



Administration located at 636 South Avenue, Grand Junction, PO Box 20,000, 81501

Request for Criminal Justice Records

Requester Name: _____ Agency: _____

Requester Phone: _____ Email: _____

Is 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

FROM: _____ Mesa County Community Corrections _____ Summit View Treatment Services _____ Community Based Services
Please identify which program you are requesting records from.

**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.