



SHERIFF

ADAMS COUNTY

SHERIFF GENE R. CLAPS

INMATE RECORDS RELEASE FORM

Please provide the following information:

Requestor:		Date of Request:
Inmate Name:	Inmate DOB:	Incarceration Dates:

Please select the records you are seeking to obtain:

- ☐ Custody Letter ☐ Medical Records ☐ SRP/GPS Records ☐ Intake Records ☐ Grievance Records
☐ Classification/Disciplinary Records ☐ Video-Recordings from secured areas have a 30-day retention period from Incident Date

FEES ARE NOT WAIVED FOR IN CUSTODY INMATES AND INMATE ACCOUNTS WILL BE CHARGED ACCORDINGLY. A FIVE DOLLAR DEPOSIT IS REQUIRED IN ADVANCE TO PROCESS ALL REQUESTS. Initial that you acknowledge and understand the above statement: _____

If you are in custody all communication will be done through the kite system

PLEASE RELEASE THE INMATE FILES SELECTED ABOVE TO:

Name:		Company/Agency:	
Address:		City/State:	Zip:
Phone:	Fax:	Email:	

How do you want to obtain the documents? (Choose One)

- ☐ Mail ☐ Call to pick-up ☐ Email (address must be provided above) ☐ Fax (must be provided above)

BELOW BOX IS FOR INMATE USE ONLY- REQUIRED IF RECORDS ARE BEING RELEASED TO A THIRD PARTY

I AUTHORIZE THE RELEASE OF MY ABOVE INMATE RECORDS TO THE ABOVE-NAMED PERSON/BUSINESS. THESE RECORDS WILL CONSIST OF INFORMATION RELATING TO MY INCARCERATION AT ADAMS COUNTY JAIL, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO: MEDICAL RECORDS, PROPERTY RECORDS, CLASSIFICATION REPORTS, GRIEVANCES, VIDEO/AUDIO RECORDINGS, ETC. DUE TO THE NATURE OF THESE RECORDS, INMATE'S SIGNATURE MUST BE NOTARIZED.

Signature (Must be Notarized): _____ **Date:** _____

Subscribed and sworn to before me this _____ day of: _____

Notary Public/Adams County/State of Colorado: _____

My Commission Expires: _____

PLEASE READ AND ACKNOWLEDGE BELOW

PURSUANT TO COLORADO REVISED STATUTE (CRS) 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND INFORMATION FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEBSITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEBSITE.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAIN FROM THE ADAMS COUNTY SHERIFF'S OFFICE AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

Signature: _____ Date: _____

Completed forms can be emailed to recordsrequest@adcogov.org

Payment is required upon completion. All records not picked up within 30 days will be destroyed.

Adams County is committed to digital accessibility. If you require the requested records in a specific accessible format, please let us know and we will work to accommodate your request. If a specific requested accommodation or modification cannot be provided, the County will work with you to provide an alternative accommodation or modification.