

CONFIDENTIAL

RECORDS REQUEST FORM

(Revised: 12/6/18)

To provide the records you are requesting, we ask that you complete and return this form. Copies will be provided at 5 cents per page for letter size and 7 cents per page for legal size. There may be additional fees for delivery and postage depending upon delivery type. There is no charge if documents are sent by email.

Payment must be received prior to disclosing the information. You will be notified within seven (7) business days of receipt of the form whether access to the records has been granted or denied. If access is granted, you will also receive an invoice for the total amount due. If access is denied, you may file an appeal with the JJC Executive Director.

Juvenile's name: \_\_\_\_\_ Birth date (if known): \_\_\_\_\_

Juvenile Number: \_\_\_\_\_

Individual or agency requesting records: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

**Record Request Information:** To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying, inspection, or examination), and if data, the medium requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE NOTE: If the juvenile is under 18 years old, a parent or guardian must sign this form.**

**Juvenile Justice Commission Use Only**

Access has been approved

Access has been denied Reason for denial: \_\_\_\_\_

Name of Custodian: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Amount billed: \_\_\_\_\_ Date billed: \_\_\_\_\_

Date payment received: \_\_\_\_\_ Received by: \_\_\_\_\_