Arvada Municipal Court --- *Request for Background/Record Check*

This form is to be used when requesting information from the Arvada Municipal Court. ***Please note that a record check by the Arvada Municipal Court will only include cases filed in the Arvada Municipal Court.*** No searches will be conducted for records from other Courts or agencies, including the Colorado or National Crime Information Centers (CCIC/NCIC). These records may be obtained by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215.

FEES: A $5.00 Processing Fee will be assessed for all Individual Requests for Background Checks. This fee is payable in advance and is non-refundable. A Research Fee of $15.00 per hour (minimum of one hour per request) may also be charged; and copying/printing charges of $0.25 per page will apply for records which exceed 5 pages.

Please also note the following policy of the Arvada Municipal Court:

It is the policy of the Arvada Municipal Court to provide, upon proper request, a copy of the Party History of any defendant who has appeared before the Court. A proper request shall include: a) proof that the requesting party is the defendant in the case, or the defendant's Attorney of Record, or; b) a written request from the inquiring party, providing identification of the inquiring party and, if juvenile records are involved, a written release from the defendant (**Please Note**: ***A written release from the defendant is required for all inquiries which involve juvenile records, lack of a release may result in a delay to process the request).***
It is not the policy of the Court to provide copies of original Court documents for routine background checks. If an inquiring party other than the defendant or the defendant's Attorney of Record requests copies of original Court documents in lieu of or in addition to a Party History, this request should be in writing and should state why these records are required instead of the Party History.

****** Requests will be processed in 5-10 business days. ******

(Print All Information Clearly—*Illegible Requests Will Not Be Processed*)

Defendant's Full Name: _____
(*Whose Record is being Requested?*) (First) (Middle) (Last)

Defendant's Date of Birth: ____/____/____ (Required) Today's Date ____/____/____

Name of Person Requesting Records: _____
(*Who Are You?*)
Name of Agency or Business You Represent: _____
(*Not necessary if you are the Defendant, requesting your own records*)

Address of Person Requesting Records: _____
Street / Apt.

_____ _____
City/State Zip

Phone: _____ Fax: _____

Signature _____
(signature represents understanding of above policy)

When my results are ready, please: ☐ mail to me ☐ fax to me
☐ notify me by phone so I may pick them up in person.

COURT USE ONLY

DISPOSITION RESULTS: ___ See attached History ___ NO RECORD FOUND

Prepared By: _____
Name / Title Phone Number