



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@adamssheriffco.gov.
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.