



# SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

## RECORDS UNIT - REPORT REQUEST FORM

www.countysheriff.sccgov.org

|  |   |   |
|--|---|---|
| <b>HEADQUARTERS</b><br>55 WEST YOUNGER AVENUE<br>SAN JOSE, CALIFORNIA 95110<br>(408)808-4730 FAX<br>Email: cpradesk@shf.sccgov.org | <b>WESTSIDE SUBSTATION<br/>(TRAFFIC REPORTS)</b><br>1601 SOUTH DEANZA BOULVEARD<br>CUPERTINO, CALIFORNIA 95014<br>(408)868-6600 | <b>SOUTH COUNTY SUBSTATION</b><br>80 WEST HIGHLAND AVENUE, BUILDING K<br>SAN MARTIN, CA 95046<br>(408) 686-3650 |
|--|---|---|

Section 7923.600-625 of the Cal. Gov't Code governs disclosure of records of complaints and investigations conducted by the Sheriff's Department. These records will not be disclosed if disclosure would endanger the safety of a witness or other person involved in the investigation or if it would endanger the successful completion of the investigation or related investigations. In addition, if records are disclosed, information contained within these records may be protected by state and federal laws and will not be released. A delay in processing your request may occur if; incomplete or illegible; and/or if juveniles are involved. You will be notified by telephone of any fees. Proper ID is required.

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| <b>TODAY'S DATE</b>   |   | <b>REPORT / CASE NUMBER</b>  |  |  |   |
| <input type="checkbox"/> VICTIM   | <input type="checkbox"/> DRIVER   | <input type="checkbox"/> OTHER   | <input type="checkbox"/> PARENT OF VICTIM UNDER 18 YRS<br>Name of Juv. _____ | <input type="checkbox"/> AUTHORIZED REP<br><small>attach business card</small> | <input type="checkbox"/> ATTORNEY<br><input type="checkbox"/> INSURANCE |
| PERSON REPRESENTED _____  |   |  |  |  |   |
| YOUR NAME   |   |  |  |  |   |
| ADDRESS   |   |  |  |  |   |
| CITY / STATE / ZIP  |   |  |  |  |   |
| PHONE NUMBER  |   |  |  |  |   |
| TYPE OF INCIDENT  |   | DATE OF INCIDENT   |  | LOCATION OF INCIDENT   |   |
| REASON REQUESTED (OPTIONAL)   |   |  |  |  |   |
| SPECIAL REQUEST / COMMENTS (OPTIONAL)   |   |  |  |  |   |
| <b>Delivery Options</b>   |   |  |  |  |   |
| PICK UP <input type="checkbox"/> MAIL <input type="checkbox"/> Address if different from above: _____   |   |  |  |  |   |
| <i>I certify these statements are true. The information requested will not be used maliciously or uselessly to harass, degrade or humiliate any person.</i>   |   |  |  |  |   |
| SIGNATURE   |   |  |  |  | DATE  |
| <b>SHERIFF'S OFFICE USE ONLY</b>  |   |  |  |  |   |
| RECEIVED BY -<br>BADGE #  |   | ID VERIFIED <input type="checkbox"/> YES   |  | REQUESTOR'S DOB  |   |
| <b>INVESTIGATIONS</b>   |   |  |  |  |   |
| APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO   |   | SIGNATURE  |  |  | DATE  |
| DENIAL REASON <input type="checkbox"/> GC7923.600-625 <input type="checkbox"/> Does not qualify for FAM Code 6228 <input type="checkbox"/> PC11167.5 - Child Abuse <input type="checkbox"/> WI15633 - Elder/Dependent Adult Abuse <input type="checkbox"/> WI827 - TNG Order - Juvenile |   |  |  |  |   |
| COMMENTS:   |   |  |  |  |   |
| <b>RECORDS</b>  |   |  |  |  |   |
| DATE DUE  | RESTRICTED <input type="checkbox"/> YES <input type="checkbox"/> NO<br>JUV COURT NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO<br>QUALIFIES UNDER FAM 6228 <input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE TO INVESTIGATIONS<br>FOR REVIEW   |  | DATE RET'D FROM<br>INVESTIGATIONS                                       |
| COMMENTS  |   |  |  |  |   |
| REDACTED BY - BADGE#  |   | NO. PAGES RELEASED   |  | AMOUNT DUE \$  |   |
| RELEASED BY - BADGE   |   | <input type="checkbox"/> FRONT/BACK COUNTER PICK UP <input type="checkbox"/> MAILED/EMAILED<br><input type="checkbox"/> ADVISED BY PHONE |  |  | DATE  |