

CRIME VICTIM RIGHT OF ACCESS DOCUMENT

REQUEST FORM

Complete this form thoroughly and retain a copy; it will be required if an appeal is filed. Both pages of this form must be submitted.

In order to obtain the requested information, a requestor must demonstrate they are “a crime victim or a defendant in a civil action in which a crime victim is a party” and the requested information “is directly related to a civil action pending in a court in this Commonwealth” or that they are “a crime victim or the crime victim’s representative” and the criminal history investigative information sought “is material and necessary to the investigation or preparation of a civil action in this Commonwealth.” 18 Pa.C.S. §9158.2.

Further, the York County District Attorney’s Office may also deny any request, in whole or in part, pursuant to the exceptions identified in 18 Pa.C.S. §9158.3 and 18 Pa.C.S. §9158.5.

Pursuant to 18 Pa.C.S. §9158.7, the York County District Attorney’s Office is permitted to set “a reasonable fee” of \$250.00 plus equipment costs to process the instant requests. Prior to delivering the requested materials, the York County District Attorney’s Office shall provide the amount owed and payment shall be made prior to the requested documents being exchanged.

Any information provided shall be “used only in connection with an actual or potential civil action directly relating to that criminal history investigative information.” In the event such information is used for an improper purpose, such as “to harass, intimidate or threaten another,” the offending individual may be subject to criminal charges.

The information and requirements contained herein are subject to change, without notice, and will be further amended pursuant to any rules and regulations generated by the Pennsylvania Office of the Attorney General and/or the Supreme Court of Pennsylvania.

GENERAL INFORMATION

Request Submitted to (List both Agency and Individual the Request will be Sent to):

Date of Request: _____

Submitted via (Mail, Hand-Deliver, Email, Fax): _____

REQUESTOR INFORMATION

Name: _____

Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax: _____

RECORDS REQUESTED:

A request “shall identify or describe the information sought with sufficient specificity to enable the criminal justice agency to ascertain which information is being requested.” 18 Pa.C.S. 18 Pa.C.S. §9158.2. Failure to adequately identify the information with such specificity shall be grounds for denial (*e.g.* “all documents or information”). Provide as much specific detail as possible including, but not limited to Defendant’s name, Docket No., OTN: SID: Victim’s Name. (Attach other pages, if necessary)

UNSWORN STATEMENT:

Pursuant to 18 Pa.C.S. §9158.2 the instant form must have appended to it an unsworn statement, made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities). This unsworn statement must identify the requester as either: 1) A requesting party or the requesting party’s legal representative and that the requested information is directly related to a civil action pending in a court in this Commonwealth; or 2) The requesting party is a crime victim or the crime victim’s legal representative and that the requested information is material and necessary to the investigation or preparation of a civil action in this Commonwealth. 18 Pa.C.S. §9158.2. Any submission that fails to include this required statement, **shall** result in the denial of such a request.