



CHAMBERSBURG BOROUGH POLICE DEPARTMENT

Dr. Ron Camacho
Chief of Police

116 S Second Street | Chambersburg, PA 17201
(717) 264-4131 (717) 261-3263
chambersburgpolice.com

ACT 134-CRIME VICTIM RIGHT OF ACCESS REQUEST FORM

A crime victim or a defendant in a civil action in which a crime victim is a party or their legal representative may request the dissemination of criminal history investigative information that is directly related to a civil action pending in a court in this Commonwealth.

In addition, a crime victim or the crime victim's legal representative may request the dissemination of criminal history investigative information that is material and necessary to the investigation or preparation of a civil action in this Commonwealth. A Request must be served upon the Chief of Police via personal service or certified mail with receipt.

The Fee for Processing each Request is \$125. Additional fees may apply (y (see page 4 – FEES). If you have questions, please call 717.254.5151 or email jwright@chambersburgpa.gov

Date Requested: _____

Request Submitted: In-Person Certified Mail

Requesting Party: _____

Status of Requesting Party: Crime Victim (Attach documentation) Crime Victim's Legal Representative Civil Defendant (Attach documentation) Civil Defendant's Legal Representative

Civil Case Title and Caption: _____

Address: _____

City/State/County/Zip: _____

Telephone: _____ Email: _____

Name of Crime Victim (if different from Requesting Party): _____



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BASIS FOR ACCESS (choose one):

- Requested information is directly related to a civil action pending in a court in this Commonwealth; or
- Requested information is material and necessary to the investigation or preparation of a civil action in this Commonwealth

If Granted, Dissemination of Material Should be Directed to (Name, Title, Address, Email):

(Dissemination of information may be made to the requesting party or the requesting party's legal representative, or their attorney as directed by the request for information)

DESCRIPTION OF INFORMATION REQUESTED:

(A request for dissemination must identify or describe the information sought with sufficient specificity to enable the Department to ascertain which information is being requested. Attach additional pages if necessary. If known, please also provide the date of the incident(s), the names of those involved in the incident(s), Department incident number(s) and any criminal case number(s))

- COMPLETE PROPER VERIFICATION ON NEXT PAGE -



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VERIFICATION (Crime Victim/Defendant - Filed Civil Action)

I, _____ hereby verify, subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, that the information in the above-request is true and correct to the best of my knowledge and belief, that I am a crime victim (or their legal representative) or a defendant in a civil action in which a crime victim is a party (or their legal representative) and that the requested information is directly related to that civil action pending in a court in this Commonwealth. I understand that any information obtained pursuant to this Request shall be used only in connection with an actual or potential civil action directly relating to that criminal history investigative information. I also understand that the use of information obtained under pursuant to this request to harass, intimidate or threaten another shall constitute a misdemeanor of the second degree.

SIGNED this ____ day of _____, 20__.

Signature: _____

Print Name: _____

VERIFICATION (Crime Victim - Preparation/Investigation)

I, _____ hereby verify, subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, that the information in the above-request is true and correct to the best of my knowledge and belief, that I am a crime victim (or their legal representative) and that the requested information is material and necessary to the investigation or preparation of a civil action in this Commonwealth. I understand that any information obtained pursuant to this Request shall be used only in connection with an actual or potential civil action directly relating to that criminal history investigative information. I also understand that the use of information obtained under pursuant to this request to harass, intimidate or threaten another shall constitute a misdemeanor of the second degree.

SIGNED this ____ day of _____, 20__.

Signature: _____

Print Name: _____



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FEES:

Pursuant to 18 Pa. C.S. §9158.2(d), the Department will impose reasonable fees for costs incurred to comply with requests. For any request, a standard processing fee of \$125.00 will be imposed. Payment of the processing fee is required before any work is completed to fulfill the request. In addition, the Department will impose additional fees as necessary to cover additional costs associated with providing the requested materials. A cost-estimate will be provided in advance, and payment is expected before the responsive materials are released.

Processing fee \$125.00

Electronic storage devices such as DVDs, flash drives, and external hard drives Actual Cost

Retrieval Actual Cost

Redactions \$0.25/page

Photocopying \$0.25/page

Postage Actual Cost

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