



County of Santa Cruz

District Attorney's Office

701 OCEAN STREET, ROOM 200, SANTA CRUZ, CA 95060
(831) 454-2400 FAX: (831) 454-2227 E-MAIL: dao@co.santa-cruz.ca.us

JEFFREY S. ROSELL
DISTRICT ATTORNEY

REQUEST FOR POLICE REPORT

Date of request: _____

Name of requestor: _____

Address of requestor: _____

Telephone: (H) _____ (W) _____

Agency and number of report you are requesting: _____

Approximate date the report was made: _____

Name of the defendant: _____

Type of violation cited in the report (DUI, Assault, Theft, etc.)

Your reason for requesting this report:

FOR AUTHORIZED USE ONLY

1) DA Case is: ___ Closed ___ Declined to File. No ADA authorization required. _____
Verified by Staff Date

2) DA Case is ongoing. ADA authorization required to release report.

I authorize the release of the report upon proof of identification: _____
ADA initials Date

I do **not** authorize the release of the report: _____
ADA initials Date

Distribution - Signed Original to Arresting Agency via Fax or Interoffice mail