



BUCKINGHAM TOWNSHIP POLICE DEPARTMENT

4613 Hughesian Drive, PO Box 443, Buckingham, PA 18912

Business# (215) 794-8812

Fax# (215) 794-9081

Hours: 8:00am - 4:00pm

Chief David J. Scirrotto

Crime Victims Right of Access Document Request Form – Act 134

Please carefully review this form before submitting a request pursuant to 18 Pa. C.S. §9158 seq. Complete this form thoroughly and retain a copy; it will be required if an appeal is filed.

In order to obtain the requested information, a requestor must demonstrate they meet the criteria of “a crime victim, a crime victim’s representative, 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” and the criminal history investigative information sought “is material and necessary to the investigation or preparation of a civil action in this Commonwealth”.

The Buckingham Township Police Department may deny any request, in whole or part, pursuant to the exceptions identified in 18 Pa. C.S. §9158.3 and 18 Pa. C.S. §9158.5. Absent extenuating circumstances, **all requests for information related to a pending investigation or prosecution will be denied.** Material subject to 42 Pa. C.S. Sec. 67A (related to recordings by law enforcement) will be denied. Please refer to Act 22 request form for audio/video recording requests.

A request, including all pages, must be submitted to the Chief of Police via personal service or certified mail.

Pursuant to 18 Pa. C.S. §9158.2(d), the Buckingham Township Police Department will impose reasonable fees for costs incurred to comply with requests. For requests granted, a standard processing fee of \$125 will be imposed. Any digital records that require placement on an external media storage device will incur an additional cost to the requester to be determined by the cost of the storage device. Postage fees will be an included cost to the requesting party. A payment estimate will be provided in advance. Payment will be due before responsive materials are released.

A written response, granting or denying the request, will be provided within sixty (60) days of receipt of the request.

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 Pennsylvania Supreme Court.

Internal Use Only:

Incident #: _____

Date Received: _____

Method of Delivery: Certified Mail In-person

Request Submitted:

In-Person

Certified Mail

Requesting Party Information:

Full Legal Name:			
Company (if applicable)			
Mailing Address:			
City:	State:	Zip Code:	
Email:			
Telephone:	Alt Telephone:		

Status of Requesting Party:

<input type="checkbox"/> Crime Victim	<input type="checkbox"/> Crime Victim's Legal Representative
<input type="checkbox"/> Civil Defendant	<input type="checkbox"/> Civil Defendant's Legal Representative

Reason for Request:

<input type="checkbox"/> Pending Civil Action (<i>Provide civil docket no. and case caption</i>)
<input type="checkbox"/> Preparation for a Civil Action

Requested materials should be provided to:

Send to the Requesting Party's above listed:	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email Address
Send to the Requesting Party's Attorney:		
Attorney Name and Firm:		
Mailing Address:	Phone:	
	Email:	

Materials 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. §9158.2.

Failure to adequately identify the information with such specificity shall be grounds for denial. Please be specific and detailed, while referencing the applicable civil case number, docket number, OTN, Victim/Defendant name, police case number, or other information to permit the agency to locate the requested record. Please provide details below: *(use additional pages if needed)*

Unsworn Statement: *(failure to complete this section will result in a denial)*

I _____ hereby verify, subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) that the information in this request is true and correct to the best of my knowledge and belief. *(select appropriate identifying qualification below)*

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 am a **crime victim** (or their legal representative) and that the requested information is material and necessary for 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 pursuant to this request to harass, intimidate, or threaten another shall constitute a criminal action; a Misdemeanor of the second degree.

Printed Name: _____

Signature: _____

Signed on this _____ day of _____ 20____.

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 flash drives and external hard drives – Actual cost
- Legal fees – If necessary, a cost estimate will be provided

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