



CERTIFICATION OF ATTORNEY OF RECORD – REQUEST FOR RECORDS (Criminal History Record, Fingerprint Arrest Cards, and Disposition of Arrests)

*****PLEASE READ AND FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS*****

Mail, fax, or email the completed form to the address below. Failure to complete and sign the form may result in processing delays or the return of the form. Additional information can be found online at <https://oag.ca.gov/fingerprints/record-review/cert-copies>.

For certified copies, send your request and subpoena to:

Bureau of Criminal Information and Analysis
Record Quality Services Program
P.O. Box 160207
Sacramento, CA 95816-0207
Attn: Keeper of Records
Fax: (916) 731-3618
E-mail: keeperofrecords@doj.ca.gov

For all non-certified requests, send to:

Bureau of Criminal Information and Analysis
Record Quality Services Program
P.O. Box 160207
Sacramento, CA 95816-0207
Attn: Research Reconciliation & Resolution Section
E-mail: AttyofRecordResponse@doj.ca.gov

REQUESTOR / ATTORNEY OF RECORD

In order to obtain information regarding your client's state summary criminal history information, you **must** be a public defender or attorney of record, authorized under the California Penal Code (PC) section 11105. Under penalty of perjury, I certify that:

- I am a public defender or attorney of record representing a person in proceedings upon a petition for a certificate of rehabilitation and pardon pursuant to section 4852.08 and request criminal history information under PC section 11105, subdivision (b)(8).
- I am a public defender or attorney of record representing a person in a criminal case or a juvenile delinquency proceeding, including all appeals and post-conviction motions, or a parole, mandatory supervision pursuant to paragraph (5) of subdivision (h) of section 1170, or post-release community supervision revocation or revocation extension proceeding and request criminal history information in the course of representation under PC section 11105, subdivision (b)(9).

PENDING CRIMINAL PROCEEDING INFORMATION

Case No. _____

Case Name/Title _____

Jurisdiction _____

CLIENT / WITNESS INFORMATION

I am requesting certified copies: YES* NO

I am requesting criminal history record information for the following individual(s):

LAST NAME:	FIRST NAME:	MIDDLE NAME:	<input type="checkbox"/> CLIENT <input type="checkbox"/> WITNESS Is this person a victim or relative of a victim? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE/ID NUMBER:	CII NUMBER (SID):	
DATE OF BIRTH:	ALIASES / MAIDEN NAME:		
LAST NAME:	FIRST NAME:	MIDDLE NAME:	<input type="checkbox"/> CLIENT <input type="checkbox"/> WITNESS Is this person a victim or relative of a victim? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE/ID NUMBER:	CII NUMBER (SID):	
DATE OF BIRTH:	ALIASES / MAIDEN NAME:		
LAST NAME:	FIRST NAME:	MIDDLE NAME:	<input type="checkbox"/> CLIENT <input type="checkbox"/> WITNESS Is this person a victim or relative of a victim? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE/ID NUMBER:	CII NUMBER (SID):	
DATE OF BIRTH:	ALIASES / MAIDEN NAME:		

*A subpoena is required along with BCIA 8700 for certified record requests.



CERTIFICATION OF ATTORNEY OF RECORD – REQUEST FOR RECORDS (Criminal History Record, Fingerprint Arrest Cards, and Disposition of Arrests)

DECLARATION AND ACKNOWLEDGMENT:

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which I have received it. I understand that misuse or access for an improper purpose, using, disseminating, or re-disseminating information received in response to this request for a purpose other than the pending criminal proceeding, may subject me to administrative and criminal penalties. I further understand that any misuse may subject me to prosecution or fined for state and/or federal crimes. Accordingly, I affirm and acknowledge that any information provided by the Department of Justice (DOJ) in response to this request will be used only for purposes of the criminal proceeding underlying this request and not for any other purpose. Furthermore, I affirm that those individuals I have identified as a witness are reasonably expected to be called as a witness at the trial or hearing in the pending criminal proceeding.

I also certify and affirm that the information sought is for use only in this pending criminal action and for no other purpose. By this Certification, I acknowledge that I am authorized to share the information obtained in court only if necessary for the defense of my client(s) in the above-referenced pending action. I will not disseminate the information to anyone else, except those working on behalf of my client(s) and only when it is reasonably necessary for the defense of this case. As set forth in this Certification, should another person be provided access to the information obtained, that person must be provided a copy of the Certification and agree to be bound by its terms. The information may be disclosed in court in the pending criminal proceeding if necessary for the case. The information may not be used for any other proceeding other than the pending criminal proceeding underlying this request.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Attorney of Record Signature

Date

Attorney of Record Printed Name

Attorney of Record State Bar Number

Agency/Office Name

Agency/Office Contact

Agency/Office Contact E-mail

Agency/Office Contact Phone/Fax

Agency/Office Address

Send to Address/Attention

FOR DOJ USE ONLY

Control Number

Date Request Completed

Number of Records Provided

Completed By



CERTIFICATION OF ATTORNEY OF RECORD – REQUEST FOR RECORDS (Criminal History Record, Fingerprint Arrest Cards, and Disposition of Arrests)

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code section 11105. The CJIS Division uses this information for the purpose of processing fingerprint-based criminal offender record information background responses on individuals designated by applicant agencies to serve as Custodian of Records. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process fingerprint-based criminal offender record information background responses on individuals designated by applicant agencies to serve as Custodian of Records, we may need to share the information you give us with other law enforcement or regulatory agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice, you may contact the Record Quality Services Program via e-mail at Keeperofrecords@doj.ca.gov or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Quality Services Program
ATTN: Custodian of Records
P.O. Box 160207
Sacramento, CA 95816-0207